

# COVID-19

## Local Community – Isolation Site Operation Manual

P-02639 (6/11/2020)

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# Introduction

The State of Wisconsin is closely monitoring an outbreak of respiratory illness caused by a novel (new) coronavirus that was first detected in late 2019. Since then, the disease has been named “coronavirus disease 2019” (abbreviated “COVID-19”) and infections have been reported in a growing number all over the world, including the United States. This situation poses a serious public health risk, and the State of Wisconsin is working closely with county, local, and tribal partners to respond.

This Isolation Site Operational Manual for the local community provides a blueprint from which to prepare for the challenges of establishing an isolation site and should be used in conjunction with the [Isolation Site Considerations Toolkit](#). Moving forward, be aware of the following considerations:

Wisconsin state resources stand ready to assist government agencies and support public health partners in response to significant emergencies and public health crisis that may occur at the federal, state, tribal, county, and local levels. Civilian authorities and public or private health care systems may submit a request for information (RFI) to verify the availability of state resources and capabilities before presenting a formal request for assistance (RFA). The subsequent RFA is then submitted through the appropriate emergency management channels via the State Emergency Operations Center (SEOC) to determine the most applicable resource and provider. The RFA usually originates from the incident command or county EOC as an identified shortfall or known capability gap. Once received by the SEOC, healthcare leadership will assess and determine the feasibility of state resources to support the request based on comparative needs.

An isolation site is not a health care provider and thus, the occupants within this facility are not “patients” and the staff are not providing medical care.

This facility is for symptomatic individual suspected to be infected with COVID-19 or are a confirmed case of COVID-19.

Individuals will not be permitted to register at the facility unless referred by a medical provider or a public health official.

Individuals register and stay at the isolation facility on a voluntary basis. This manual is not meant for a mandatory isolation facility.

While family units may be allowed to self-isolate together, unaccompanied minors will not be allowed into the isolation facility.

Per CDC guidance, isolation must be maintained for at least 10 days after illness onset and at least 3 days (72 hours) after recovery. Illness onset is defined as the date symptoms begin. Recovery is defined as resolution of fever without the use of fever-reducing medications with progressive improvement or resolution of other symptoms. Ideally, isolation should be

maintained for this full period to the extent that it is practicable under rapidly changing circumstances.<sup>1</sup> At any time, either the individual or the facility may terminate the individual's presence at the facility.

While this strategy can apply to most recovered individuals, either a test-based strategy (if feasible) or a symptom-based strategy with more stringent requirements may be used for recovered persons for whom there is low tolerance for post-recovery SARS-CoV-2 shedding and infectious risk because they are:<sup>1</sup>

1. Persons who could pose a risk of transmitting infection to
  - a. Vulnerable individuals at high risk for morbidity or mortality from SARS-CoV-2 infection, or
  - b. Persons who support critical infrastructure
2. Persons normally residing in congregate living facilities (e.g., correctional/detention facilities, retirement communities, ships) where there might be increased risk of rapid spread and morbidity or mortality if spread were to occur.
3. Persons who because they are immunocompromised may have prolonged viral shedding.

This service will be provided by the city and/or county to support the state's response under Governor Evers' declaration of a public health emergency. The city and/or county will not be serving as a direct care provider and will not be assuming responsibility for an individual's condition or well-being during their stay at a city and/or county sponsored- or coordinated-isolation site. The city and/or county will simply providing an isolation alternative for those without one.

Given that these facilities are not providing care, the laws regulating health care provider facilities will not apply to the isolation facilities.

Being prepared and responding effectively to this pandemic involves everyone: individuals, communities, businesses, states, federal agencies, and organizations.

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*Symptom-Based Strategy to Discontinue Isolation for Persons with COVID-19* (May 3, 2020). Centers for Disease Control and Prevention (CDC). Retrieved on April 4, 2020, from <https://www.cdc.gov/coronavirus/2019-ncov/community/strategy-discontinue-isolation.html>

## Privacy of Information

Because the isolation facilities are not health care providers, they are not covered entities under the Health Insurance Portability and Accountability Act (HIPAA), nor are they business associates under HIPAA because they are not providing services to covered entities or performing functions on their behalf. The medical screening staff are not providing treatment. Rather, they are assessing the condition of the individuals at the isolation facility so that they can be relocated to receive medical treatment if necessary. The information obtained and maintained by the isolation facilities is not "protected health information" covered by HIPAA, nor is this information regulated under Wisconsin law applying to confidentiality of health care records. However, the facilities will have access to sensitive information, and will take reasonable precautions to safeguard the confidentiality and security of that information.

Sensitive information obtained or maintained by the isolation facility includes:

- COVID-19 status or diagnosis.
- Past medical history or other data conveyed by referring provider or official.
- Special needs or disability information.
- Criminal background check data.
- Results of the medical screening checks.
- Other data declared by the facility site manager to be sensitive.

Sensitive information should be protected from disclosure to the extent possible. However, sensitive information may need to be disclosed:

- To the referring provider or official.
- To a hospital or other health care provider when a person in the isolation facility requires relocation to for medical care.
- To family members, with the individual's consent, or where the individual is unable to give consent.
- To staff of the isolation facility regarding the patient's condition and status.

# Facility Guidance

Isolation facilities are intended to house people known or suspected to be infected with COVID-19 who cannot isolate at home. The following components should be considered when identifying and evaluating a potential isolation site.

## **Considerations for Accommodations within Isolation Facilities**

Within an isolation site, identify locations where air intake and air outflow occur for the building and for each room. To the extent possible, isolated persons (or family units) should have individual bedrooms and bathrooms.

### **Ensure rooms have appropriate airflow for isolation:**

- Select rooms with an individual (separate) ventilation system or a room with non-recirculating air.
- If recirculation of air from isolation rooms to other rooms is unavoidable, HEPA filters should be installed in the exhaust duct leading from the isolation rooms to the general ventilation system. They can be augmented by standard UV filters where available.
- If a facility has centralized HVAC, ensure the ventilation is set to minimize cross-contamination. Adjoining the HVAC system with a HEPA kit or standalone filter can reduce particulate exposure.

### **Space considerations for staff operating facility and support services:**

- Bay or area for personal protective equipment (PPE) donning and doffing.
  - Designate a clean space or area for staff to put on protective equipment and an unclean area or space to take off protective equipment.
  - Include a handwashing station and a waste receptacle in both the clean and unclean areas. The clean space should have a supply of clean PPE. Additionally, both spaces should include instructions for donning and doffing PPE and reminders for hand washing.
- Areas or rooms for housing staff staying overnight with bathroom facilities.
- Workspace for staff with power, phone, internet, and break areas for meals.
- Areas for handwashing and hand sanitizing.

### **Guidance for entering an occupant's room:**

There are very specific circumstances that would warrant a staff member to enter an occupant's room. Some examples include:

- Environment/cleaning staff cleaning room an empty room after an occupant has been discharge or moved to a different room.
- Medical screening staff performing an in-person wellness check. Due to the fact that the occupant would still in the room and direct contact might be inevitable, full PPE must be donned including an N95 Respirator, face shield, gloves, booties (if available), and a gown.

- Security responding to a disturbance and/or order of eviction. Due to the fact that the occupant would still be in the room and direct contact might be inevitable, full PPE must be donned including an N95 Respirator, face shield, gloves, booties (if available), and a gown.

### **Staffing Capabilities**

The facility will need several different types of personnel to coordinate and perform various duties. See [staff descriptions](#) for specific duties required to determine the best people to fill roles. When reviewing staff and shifts needed to cover the facility, consider the personal protective equipment (PPE) needs of the staff and how those needs will be met. Background checks must be completed for all staff and volunteers working at the Isolation site prior to beginning their first shift at the isolation site. The process and criteria to be followed can be found in the Isolation Site Background Check Process ([Appendix V](#)).

### **Food Service Capabilities**

Meals should be planned for the individuals residing in the isolation site along with the staff. The planning for meals should include breakfast, lunch, dinner, and snacks. While working through details, consider the following:

- Look for the ability to provide food services on facility or have food catered in
- Identify the number of meals needed. Initially, the facility may not be at full capacity and it will be important to coordinate with the vendor to manage the number of meals being prepared depending upon the number of occupants.
- Consider time of delivery for the food and snacks, along with packaging and delivery. It is recommended to have meals individually packaged and delivered to occupants by leaving it outside their room.
- Keep food costs separate from other costs of operating the isolation site for late reimbursement purposes.

Most staffing companies or employers agree to contract terms that specify how they will background screen their employees. Work with the employer to understand their process for properly vetting workers to ensure it aligns with the needs of the isolation site.

### **Environmental/Cleaning Service Capabilities**

Ensure that environmental/cleaning services follow specifications from the local health department or the Centers for Disease Control and Prevention (CDC). For COVID-19, it is recommended:

- Obtain exculpatory consent from staff for the work they will be doing with potential hazardous materials.
- Clean surfaces and items that staff touch frequently including tables, restrooms, door handles, cots, chairs, writing materials, walls near doors, and common gathering places. It is recommended that these surfaces are cleaned at least every four hours. However, some local

public health officials may want to issue direction to increase frequency to every two hours. To clean these surfaces:

- Wash areas with soap and water.
- Disinfect with a bleach solution (1 cup per gallon of water) or disinfecting wipe such as Lysol wipe. While Lysol wipes do not claim to kill Coronavirus, this is currently the best alternative when bleach is unavailable.
- Sanitize a room thoroughly after an occupant's discharge.
- Pick up garbage.
- Ensure cleaning of common areas as well as individual rooms.

Most staffing companies/employers agree to contract terms that specify how they will background screen their employees. Make sure to work with the employer to understand their process for properly vetting workers to make sure it aligns with the needs of the isolation site ([Appendix V](#)).

### **Security Service Capabilities**

The facility should maintain on-site security staff to provide protection for the facility and its occupants. In determining security staff needs, including whether staff should be armed or unarmed, consider the size of the location, number of occupants, and the type of occupants you are supporting. Identify the types of shifts to cover 24/7 each day for the duration of the isolation center need. Discuss with the security service provider how PPE will be provided and review the background screen process for their employees. It is important for the employer to understand their process for properly vetting workers to make sure it aligns with the needs of the isolation site ([Appendix V](#)).

### **Transportation Capabilities**

Further detailed on [page 15](#).

Transportation support should be established. Things to consider include:

- Who is going to transport individuals to the facility?
- Who is going to transport an individual to a hospital if they require medical attention?

Where possible, transportation to the facility should be the responsibility of the individual via their own vehicle. If obtaining services, review the background check criteria noted in [Appendix V](#) to ensure it aligns with how the transportation company evaluates their workers.

### **Occupant Capabilities**

Further details starting on [page 17](#)

Consider the type of occupants who will be housed at the isolation site. Occupants with special needs may require different types or amounts of staffing to accommodate along with special facility configurations. Please refer to the [Isolation Site Considerations Toolkit](#) for additional information on the subject.

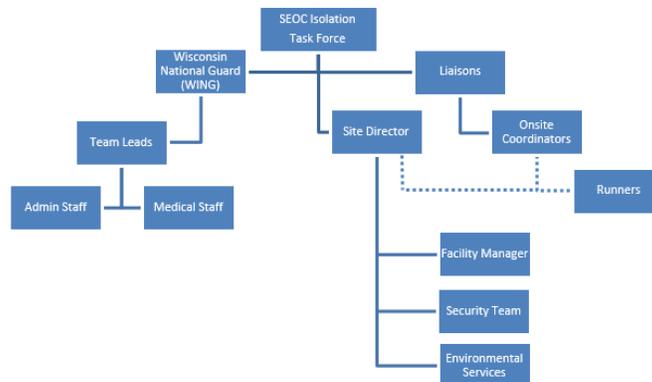
## Staff Descriptions

**Disclaimer:** The Occupational Safety and Health Administration (OSHA) recommends that employers supply healthcare personnel who provide direct care to patients with known or suspected coronavirus with other respirators that provide equal or higher protection, such as N99 or N100 filtering facepieces, reusable elastomeric respirators with appropriate filters or cartridges, or powered air purifying respirators.

This temporary enforcement guidance recommends that healthcare employers change from a quantitative fit testing method to a qualitative testing method to preserve integrity of N95 respirators. Additionally, OSHA field offices have the discretion to not cite an employer for violations of the annual fit testing requirement as long as employers:

- Make a good faith effort to comply with the respiratory protection standard.
- Use only NIOSH-certified respirators.
- Implement strategies recommended by OSHA and CDC for optimizing and prioritizing N95 respirators.
- Perform initial fit tests for each healthcare employee with the same model, style, and size respirator that the employee will be required to wear for protection from coronavirus.
- Tell employees that the employer is temporarily suspending the annual fit testing of N95 respirators to preserve the supply for use in situations where they are required to be worn.
- Explain to employees the importance of conducting a fit check after putting on the respirator to make sure they are getting an adequate seal.
- Conduct a fit test if they observe visual changes in an employee's physical condition that could affect respirator fit.
- Remind employees to notify management if the integrity or fit of their N95 respirator is compromised.

The temporary enforcement guidance is in effect beginning March 14, 2020, and will remain in effect until further notice. Please see below for an example of the staffing structure as it was applied for the state-operated isolation sites.



## **Site Director**

The role of the site director is to remotely supervise the operations taking place at the state-operated isolation sites. This individual will manage the facilities' private contracts and staff. They will also work alongside the emergency operations center (EOC) isolation site liaisons to ensure that the isolation sites operate smoothly. Their duties include, but are not limited to, the following:

- Maintaining staff schedules and finding back-ups when needed.
- Coordinating with the onsite coordinators and runners to procure resources and supplies.
- Communicating any requests or questions with contractors.
- Consulting with subject matter experts in regard to private contracting needs or issues.
- Serving as a 24/7 point of contact (or designate/schedule an alternate) to resolve administrative issues and ensure the safe operation of each site.

## **Liaisons**

The role of the liaison is to serve as the direct line of contact between the onsite coordinators and the EOC. Their duties include, but are not limited to, the following:

- Answering any questions on referrals or processes.
- Placing resource requests in behalf of the isolation site.
- Communicating any policy or procedure changes to the site staff.
- Having a high level of awareness into their specific site's functions such as daily census, evictions, and staff schedules.

Minimum Qualifications: Knowledge and proficiency of WebEOC and previous work experience at a state, tribal, county, or local department.

## **Onsite Coordinator**

The role of the onsite coordinator is to provide on-site operational management. This includes overseeing all policies and operations procedures for supporting isolation site services, and coordinating with on-site facilities, medical screening, security, and cleaning services. The onsite coordinator is responsible for ensuring vetting of criminal history is completed for all occupants, PPE tracking and accountability, handling proper implementation of admission and discharge criteria, and maintaining direct communication with an assigned point-of-contact in the county or city EOC regarding daily operations, enrollment, supply needs, and problem solving.

Minimum Qualifications: Ability to execute the operations plan.

Preferred Qualifications: Previous management experience and administrative experience.

## **Runner**

The runner is responsible for running errands for supplies on behalf of the isolation facility. They will answer to the onsite coordinators and the site director. Their duties include:

- Coordinating with the site director to pick up orders from the warehouse to deliver to the isolation facility.
- Traveling to stores to pick up any requested supplies.
- Troubleshooting any issues with finding or picking up supplies, and elevating to the site director if needed.
- Coordinating with onsite coordinate to deliver supplies and equipment while adhering to social distancing guidelines.

### **Admin Staff**

The role of the admin staff is to assist the onsite coordinator with administrative tasks within the isolation site. Some of these tasks include, but are not exclusive to, covering front-desk duties when the onsite coordinator needs to step away, helping fill out the registration form during an occupant's intake process, delivering meals to occupant's room doors three times a day, delivering items being dropped off by family or friends to the occupant's room door, and assisting in the organization of isolation site forms.

Minimum Qualifications: Ability to execute the operations plan.

### **Facility Manager**

The facility manager is responsible for maintaining the upkeep of the building and ensuring that appropriate accommodations are provided for the occupants. Their duties include:

- Managing schedules so that 24/7 site management is available to answer questions and address any issues that may arise.
- Maintaining the buildings and grounds, directing staff, and overseeing the upkeep of equipment and supplies.
- Planning, directing, and implementing preventative maintenance standards for the structural and mechanical systems in the building.
- Assigning staff to identify all building systems and equipment that requires major or minor repair, maintenance, or replacement.
- Ensuring compliance with health, environmental and life-safety standards, regulations and codes in all buildings and grounds.
- Coordinating implementation of indoor air quality and hazard communication programs to ensure a healthy and safe environment.
- Establishing and implementing policies and procedures in areas of property and assigned space management, telecommunications, risk management, safety and security, and after-hours building access.
- Ensuring all facility, operational, and security systems are functioning and maintained.
- Serving as a facility point-of-contact with the rest of the isolation site staff.

Before occupancy, the facility manager should conduct key card access training and distribution and outline protocols for maintenance.

Minimum Qualifications: Directly employed by the facility being used as an isolation site or intimately familiar with the facility.

### **Medical Screening Staff**

The on-site medical screening staff should work in collaboration and continuous partnership with non-acute or “low-risk” occupants, the local health department, and isolation onsite coordinators and staff in a team approach to:

- Promote timely access to appropriate care by asking basic health questions via phone to gather occupant information ([Appendix E](#)).
- Increase utilization of preventative care.
- Reduce emergency room utilization and hospital readmissions.
- Create and promote adherence to the care plan for COVID-19 (suspected or confirmed) individuals.
- Increase continuity of care by managing relationships with health care providers and public health officials, transitions-in-care, and referrals.
- Increase occupants’ ability for self-management and shared decision-making.
- Connect occupants to relevant community resources, with the goal of enhancing occupant health and well-being, increasing occupant satisfaction, and reducing health care costs.

All staff will have temperature checked by a medical screening staff member from the previous shift at the beginning of their shift and as needed. As part of the symptom screening protocol, the COVID-19 Temperature Check Operating Procedure ([Appendix W](#)) and the COVID-19 Temperature Check Question Checklist ([Appendix X](#)) should be followed.

Minimum Qualifications: Staff for this role should have prior medical training, including at a minimum training in cardiopulmonary resuscitation (CPR), use of an automated external defibrillator (AED), and assessment of vitals.

### **Security Monitor**

The role of the security monitor is to ensure 24/7 on-site security staffing. Their responsibilities include:

- Securing premises and personnel by patrolling inside the property; monitoring surveillance equipment; and inspecting floors, equipment, and access points.
- Obtaining help by sounding alarms.
- Preventing losses and damage by reporting irregularities ([Appendix T](#)).
- Informing violators of policy and procedures and preventing unauthorized entry.
- Contributing to team effort by accomplishing related results as needed.
- Filling out the Isolation site daily security log form ([Appendix T](#)).

The following specific restrictions apply to the occupants within the isolation area:

- **Restrictions:** All occupants admitted to the isolation site are there on a voluntary basis but are expected to remain in their rooms other than emergencies. Occupants may not have any visitors

at the isolation site. Occupants may not use the pool, sauna, or fitness center or any gathering location. Occupants in violation of the restrictions may be required to leave.

- **Restricted Movement from Room:** The purpose of providing support for individuals to isolate or quarantine at a centralized site is to reduce the risk of spreading the disease to close contacts in the household and to the community at large. If this self-isolation or self-quarantine were happening outside of this site, the expectation would be that the individual would remain in their home for the duration of the required quarantine or isolation period. To best match the approach to home isolation, while the individual is voluntarily sheltered at an isolation site, the expectation is that they will remain in his or her room unless it is medically necessary to move them for care.

Minimum Qualifications: Previous experience as a security professional such as private or law enforcement.

### **Environmental/Cleaning Service Staff**

The role of the environmental/cleaning service staff is to perform a variety of cleaning tasks to maintain occupant rooms (after discharge), hallways, lobby, and other common gathering areas of the facility by cleaning, disinfecting and replenishing supplies in assigned areas of the isolation site.

The cleaning service will need to clean the facility prior to occupancy. Prior to leaving the facility, cleaning staff will be responsible for sanitizing and cleaning the facility.

Minimum Qualifications: Due to the nature of this facility, this position requires an understanding of proper handling and disposal of biological waste.

# Transportation Capabilities

Where possible, transportation to the facility should be the responsibility of the individual via their own vehicle. However, transportation support should be established in the event that a referral does not have a means to transport themselves to the isolation facility.

A transportation company can be contracted to provide transportation to the facility if they follow the appropriate policies below. Additionally, before contracting with the company, the background check criteria noted in Appendix W should be reviewed to ensure that it is aligned with how the company evaluated their workers.

If an occupant requires transportation from the isolation facility to a hospital for immediate medical care, the onsite coordinator should contact EMS via 911 for the occupant to be transported by ambulance to the nearest health care facility's emergency department for evaluation.

## **Transportation to the Isolation Facility**

People who are known or suspected to have COVID-19 may use non-emergency vehicle services, such as passenger vans, accessible vans, and cars, for transportation to the isolation facility. When transporting a confirmed or suspected positive passenger, it is recommended that drivers wear a facemask and eye protection such as a face shield or goggles (as long as they do not create a driving hazard), and the passenger should wear a facemask or cloth face covering.

The driver and passenger should sit as far away from each other as possible. The use of larger vehicles such as vans is recommended when feasible to allow greater social distance between vehicle occupants. Additionally, drivers should practice regular hand hygiene, avoid touching their nose, mouth, or eyes, and avoid picking up multiple passengers who would not otherwise be riding together on the same route.

## **Cleaning Transportation Vehicles**

Commonly touched surfaces in the vehicle should be cleaned and disinfected at the beginning and end of each driving shift, and between transporting passengers. Doors and windows should remain open when cleaning the vehicle. When cleaning and disinfecting, individuals should wear disposable gloves compatible with the products being used, as well as any other PPE required according to the product manufacturer's instructions. Use of a disposable gown is also recommended, if available.

Hard non-porous surfaces within the interior of the vehicle should be cleaned with detergent or soap and water if the surfaces are visibly dirty, prior to disinfectant application. Appropriate disinfectants for disinfection of hard, non-porous surfaces include:

- [EPA's Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2 external icon, the virus that causes COVID-19. Follow the manufacturer's instructions for concentration, application method, and contact time for all cleaning and disinfection products.](#)

- [Diluted household bleach solutions prepared according to the manufacturer's label for disinfection, if appropriate for the surface. Follow manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser.](#)
- Alcohol solutions with at least 60% ethanol or 70% isopropanol.

For soft or porous surfaces, such as fabric seats, remove any present visible contamination and clean with appropriate cleaners indicated for use on these surfaces. After cleaning, [use products that are EPA-approved for use against the virus that causes COVID-19 and that are suitable for porous surfaces.](#)

#### **Other Forms of Transportation:**

If an occupant cannot drive themselves to the facility and there is not a contract with a transportation agency, the occupant can use other methods such as being driven by an ambulance, a personal contact, a cab, or other transportation service. As a last resort, the occupant can travel by public transportation, if the facility is accessible.

Regardless of what transportation method the occupant is using, **they should be wearing a facemask or other appropriate cloth face covering.**

# Considerations with Individuals who are Experiencing Homelessness

Isolation sites are an alternative for people who do not have a place to self-isolate when they are symptomatic or confirmed to be infected with COVID-19. This includes people who are experiencing homelessness or whose housing is unstable. Due to the elevated vulnerability of this population, it is crucial to establish policies that are responsive to individuals' unique needs.

It is strongly recommended that isolation facilities develop working relationships with area shelters. Shelter staff can be a critical resource, particularly when isolation site staff do not have the experience, skills, or knowledge to address the range of issues that people experiencing homelessness may be experiencing. Local agencies can be a reliable source of information and may be willing to help problem solve or remove barriers for individuals experiencing homelessness that will in turn promote their health and safety. Having an isolation site that is prepared to respond to the needs of people who don't have stable housing is an important part of responding effectively to COVID-19 in your community.

## **Referrals**

Medical referrals should be accepted but not required for individuals who are unhoused. When a shelter (such as homeless or domestic violence shelter) identifies that a person is exhibiting COVID-19 symptoms, shelter staff should contact the local/tribal health department (LTHD). The LTHD can then refer the individual to the isolation facility.

If an individual experiencing homelessness is not connected with a shelter, an isolation facility may permit that individual to self-refer. Minimal questions are needed to establish whether a person is unhoused. For example, it may be adequate to ask if the individual has a permanent or temporary address. If they do not, isolation site staff can assess their symptoms and admit the individual to the isolation site. Alternately, the isolation site can work with the local health department to establish procedures for a public health nurse (or other public health professional) to evaluate an individual who has self-referred.

## **While Isolating at the Facility**

Families or others who normally co-habitate together may be allowed to shelter together at isolation sites, regardless of their housing situation.

The isolation facility should have toiletry kits available upon check-in to offer to people who may need one. Kits may include basics like soap, shampoo, a toothbrush and toothpaste, floss, a comb, and lotion. Feminine hygiene products should also be available in bathrooms throughout the facility. Isolation sites may partner with local shelters to identify potential sources for donations.

The isolation facility may also consider offering a cloth face covering to every person as they check in.

Individuals without access to stable housing or who are experiencing homelessness may additionally be coping with a substance use disorder (SUD), which can impact their ability to isolate safely or effectively. Harm reduction measures are the most effective means to help someone who has both COVID-19 and an SUD be able to isolate. These strategies promote the health and safety of the person as well as the larger community. For more information, the National Health Care for the Homeless Council provides an [issue brief for alternate care sites](#) and local agency partners can be a helpful resource.

Additional important considerations can be found in the [Isolation Site Considerations Toolkit](#).

### **Voluntariness**

Staying at an isolation facility is voluntary. Regardless of a person's housing situation, they are free to end their stay, even if it is not recommended.

Although most people will likely only stay at the facility less than two weeks, it is important to develop a positive working relationship with every individual. When someone chooses to end their stay against recommendations, a positive relationship can help facilitate talking with that person about why they want to leave. If isolation facility staff are not equipped to have this conversation, they should request help from a local partner, such as staff from a homeless or domestic violence shelter. It is important to try to identify and remove any barriers to staying at the facility.

The goal is to engage with individuals, explain the reasons for self-isolating (such as the risk of transmission, how dangerously ill people can become, or the risk of death), and encourage or persuade them to stay.

In the end, the decision to stay is up to the individual.

Staying at the isolation site is voluntary and should not be forced or coerced.

### **Checking Out of the Facility**

When occupants check out of the facility, it can be helpful to ask whether they have a safe place to go next. It is important to have staff who are prepared to respond if someone indicates that they do not have a safe place to go. This can be as simple as having a list of community resources and contacts, and making phone calls from the isolation facility to identify agencies that can address the person's needs.

Even if someone is leaving before it is recommended, offer them a process to identify what next steps might be safest for that person. Again, if isolation facility staff are not equipped for this conversation, they should call on local partners.

## Considerations Beyond an Isolation Site

In the event that an individual is unable to safely or effectively remain at an isolation facility, but does not have a safe or stable option for shelter, there are a few things that local and tribal public health and community partners may consider to best support the needs of this population.

### Permanent Housing Solutions

Providing someone with access to affordable, permanent, stable, and safe housing is the most effective way to ensure the safety and wellbeing of an individual while also serving public health interests— even ones that extend beyond the current COVID-19 pandemic. As such, any way to expedite permanent housing placements should be prioritized.

### Alternative Sheltering Solutions

Community leaders should consult with local health authorities to determine alternative options.

- Example from California:
  - Recommended accommodation sites for Persons Under Investigation:
    - Quarantine in a hotel, motel, trailer, or other place where individuals can be isolated.
    - Alternative sheltering strategies: designated isolation shelter, or placed in isolation unit or cohorted in a shelter separated from presumed COVID-19 negative individuals and staffed by healthcare professionals where individuals can receive healthcare and assessments to see if they require higher level of care (such as transferring them to an emergency department or inpatient care).
  - Recommended accommodation for COVID-positive
    - Alternative care settings: designated isolation shelter, or placed in isolation unit or cohorted in a shelter separated from presumed COVID-19 negative individuals and staffed by healthcare professionals where individuals can receive healthcare and assessments to see if they require higher level of care (such as transferring them to emergency department or inpatient).
    - Quarantine in a hotel, motel, or trailers for those who can be safely isolated (such as those who are independent) and do not require extensive medical care while contagious.
  - Recommended accommodation for presumed COVID-negative
    - Hotels, motels, or trailers for high risk persons.
    - Shelters with resources and capacity for appropriate physical distancing measures.
    - Remain unsheltered with appropriate outreach and physical distancing measures.

### Alternative Care Sites

If an individual is unable to remain at an existing isolation facility because they require medical care for a comorbid or pre-existing condition that cannot be met by the isolation site's capacity, an alternative care site may be an option to consider. This will ensure that an individual can continue receiving needed medical attention, will be sheltered safely, will reduce the risk of spread, and allows LTHD officials to know how and where to contact an individual for contact tracing needs.

### **Support Existing Shelter Capacity– Shelter Isolation Options**

Relationships with local shelters and other groups that serve individuals without access to safe or stable housing should be leveraged to identify alternative isolation options. Counties can work with a shelter to help establish isolation units within the shelter or to designate a local shelter or other space as a congregate isolation shelter. If these already exist or can be implemented in a timely manner, an individual who is unable to remain at an isolation facility may be better suited by staying in one of these locations. Again, this provides for the individual's wellbeing, helps to protect the community and public health, and allows LTHD officials know how and where to contact an individual for follow-up care or contact tracing needs.

If multiple shelters exist in a community or there is another viable space, consider designating one to be the facility that accepts those with symptoms, suspected, or confirmed cases – if possible, have this shelter be the one with the most space/resources/capacity to create isolation units within the facility or with the most access or ability to accommodate medical care.

- In Seattle, homeless people who test positive for Covid-19 are being housed together in a shelter with full-time medical staff available if anyone takes a turn for the worse.
- In Milwaukee, a recently-abandoned seminary has been repurposed to house individuals from the Rescue Mission shelter who are symptomatic or high risk.  
(<https://www.tmj4.com/news/local-news/st-francis-convent-to-house-symptomatic-homeless-residents-and-those-at-risk-of-coronavirus>).

### **Alternate Sheltering Strategies**

These are accommodations offered to individuals that do not have access to safe or stable housing options. This can be an established/designated facility (similar to an isolation site, but not specific to individuals with suspected or confirmed cases and less regulated) such as an unused hotel or dormitory building; or these can be a single hotel room offered to an individual.

- Dane County example: [https://madison.com/ct/news/local/govt-and-politics/madison-mayor-allows-temporary-homeless-encampments/article\\_23c6e2f1-3fc1-548e-973a-d70f49205c5e.html](https://madison.com/ct/news/local/govt-and-politics/madison-mayor-allows-temporary-homeless-encampments/article_23c6e2f1-3fc1-548e-973a-d70f49205c5e.html) and [https://madison.com/ct/news/local/govt-and-politics/madison-committee-recommends-leasing-facility-for-covid-19-needs/article\\_0271e02b-3bf6-57eb-9310-834330120534.html?sm\\_au=iVV2PrQtvDVgW3QVBLQtvK7BJGKjp](https://madison.com/ct/news/local/govt-and-politics/madison-committee-recommends-leasing-facility-for-covid-19-needs/article_0271e02b-3bf6-57eb-9310-834330120534.html?sm_au=iVV2PrQtvDVgW3QVBLQtvK7BJGKjp).

LTHDs, county officials, or other decision-makers should weigh the costs of providing an alternate sheltering site to an individual with the risk that individual may pose to public health and the

community, but a stable place to shelter is usually the safer option. This also allows local officials to know where and how to contact the individual to monitor symptoms, perform wellness checks, and carry out any contact tracing needs.

- Los Angeles is providing unhoused people with motorhomes and RVs, which allow them to maintain social distance – these can be a good resource for families or groups of people who need or prefer to stay together.

## **Unsheltered Populations**

Unless individual housing units are available, **communities should not be clearing encampments or dispersing people throughout the community**. If a community is unable to provide an individual unit, and the client is asymptomatic – provide outreach services (screening, food, hygiene) and ensure that physical distancing is maintained where individuals are located, or determine if there is an available shelter opportunity.

Additional considerations for ways that communities can serve unsheltered individuals include:

- Utilize street outreach workers to coordinate with unsheltered individuals.
- Use harm reduction approaches when interacting with unsheltered individuals and providing care.
- Coordinate PPE and supplies to provide to unsheltered individuals
  - Information about COVID-19 (including how to reduce spread, risks of the disease, when to seek medical attention – and how), hand sanitizer, cloth face covering, list of additional services or resources.
- Establish protocol for transportation to testing, alternate care sites, isolation sites, alternate sheltering sites, and higher level of care such as the use of school buses, unused state or local vehicles, dedicated public buses, or EMTs.
- Ensure that individuals still have access to care and medications for chronic health conditions (such as diabetes, heart disease, hypertension, asthma).
- Ensure food assistance programs stay open and accessible.
- Work with local establishments (restaurants) to distribute gift cards for food at local establishments.
- Establish public-use sanitary facilities (“pit stops and hand washing stations”) – public map of where individuals can find these locations on website and disseminate through other communication networks
  - Example: San Francisco Department of Health Pit Stops and Hand Washing Stations - [https://www.google.com/maps/d/viewer?mid=1jCE9II8lv12tO-wWrF6RIQPWKXGBK0\\_z&usp=sharing](https://www.google.com/maps/d/viewer?mid=1jCE9II8lv12tO-wWrF6RIQPWKXGBK0_z&usp=sharing)

# Considerations for Communicating with Occupants

Accommodations ensure accessibility so that a product, device, service, or environment is available to be used by all intended audiences. The isolation site planning process should include essential accommodations during the set-up and operations of the facility to ensure that while providing aid, the intended recipient is not discriminated against, denied access to, or inadvertently disregarded.

## Individuals Who Are Deaf or Hard Of Hearing

The effects of hearing loss vary depending on the individual. To communicate most effectively ask the individual which communication methods work for him or her.

For people who are deaf and communicate mostly using sign language, interpreters are appropriate. Some people with hearing loss have difficulty knowing where a sound is coming from. Others hear sounds, but might not be able to recognize the words that were spoken. For individuals who are hard of hearing and do not sign, some common communication methods include amplification (hearing aids and/or personal FM systems) and written text (such as relay, captions, or computer assisted real-time transcription).

### General communication tips:

- Ask the person what will make communication easier.
- Choose a quiet environment, when possible. Be aware of office machines, fans, restaurant noise, and other people's conversations.
- Avoid standing in front of a light source. Make sure the light is shining on your face, not behind you.
- Make sure you have the person's attention before speaking. Waving a hand or a gentle touch on the shoulder or arm is an acceptable way to get attention.
- Stand a normal distance from the person.
- Do not cover your mouth when you are speaking. This includes covering your mouth with your hand or a long mustache.
- Do not have anything in your mouth when you are speaking.
- Look directly at the person you are speaking to and maintain eye contact. Avoid filling out forms or reading while talking.
- State the topic of discussion as you begin. When you change the topic, make sure the listener is aware of the new topic.
- Speak clearly, at a normal pace. If you tend to speak quickly, slow down. Do not overly exaggerate or slow your speech at first. If the person has difficulty understanding, slow your speech more, break the sentences into smaller portions, and check for understanding again.
- Speak naturally and with normal expression.
- Stand a normal distance from the person.

- Do not shout. A loud voice may increase distortion or give the impression you are angry, without improving comprehension. If a person is deaf, your voice will not be heard clearly, no matter how loud.
- People with hearing loss might not hear emergency alerts like alarms and sirens. Use flashing lights, flashlights, or mobile phone lighting if you are communicating in an area that is dark.
- When communicating alerts, warnings, or notifications to the individual's door, ring the doorbell, pound on the door and shine a flashlight into a window. Some people who are deaf have special "doorbells" that set off a different and visual alert, such as a blinking light. Pounding on the door or shining a light into a window can be more effective than simply knocking because people that can't hear a knock might respond to the vibration or light.
- Be patient and take time to communicate. Saying "never mind" or "it's not important," causes the person with hearing loss to feel they are not important. Be aware of fatigue. People who are deaf, hard of hearing, or deaf-blind must work harder to communicate. This can be extremely tiring.
- Remember that hearing loss is not the same as loss of intelligence.
- Remember that even if a person can hear your voice, he or she might not be able to understand your words. Hearing loss can cause distortion in the way sounds are perceived.
- Ensure only one person at a time is talking. Whoever speaks should be sure to have the attention of people with hearing loss.
- Do not assume that a person with a hearing loss is able to understand casual conversation taking place in the room.
- Don't be afraid to make mistakes. Most people who are deaf are very comfortable communicating with those who are hearing. Most will appreciate any attempt to communicate, even if you use the wrong sign.
- It is natural for people who can't communicate to feel frustrated or to become excited in emergency situations. Don't misinterpret a frustrated expression as anger at you.
- For written communication consider:
  - Not all individuals will be able to read English well enough to understand written instructions.
  - Keep instructions simple, using basic vocabulary and the present tense.
  - Print legibly.

#### **Communicating with people who do not use sign language:**

- If communication is difficult, try writing down a couple of words or a phrase. Keep sentences simple. Offer pencil and paper. When writing back and forth, keep word choices simple, sentences short, and use present tense. If the person understands you well and uses more complex sentence and vocabulary, you may do the same. Take your cue from the individual.
- For a person who is deafened and who does not sign, a computer or other electronic device can be a useful communication tool. Enlarge the font so it is easy to read. Let the individual speak, and if they don't understand your speech, type and allow the person to read the computer screen. Consider using the speech-to-text feature available on many mobile phones.

#### **Communicating with people who use sign language:**

- When using an interpreter, maintain eye contact with and speak directly to the person who is deaf.
- Make sure that the person who is deaf has a clear line of vision to the interpreter.
- Use gesture, facial expression, and body language to assist with communication. Use pantomime, body language, and facial expression. Patience and kindness will also aid communication.

**Work with your local community members with hearing loss for obtaining these options:**

- Sign language interpreters are often the most effective communication method for people who are deaf and use sign language. [A registry of certified sign language interpreters in Wisconsin](#) is available. Additional information is available through a [Sign Language Interpreters Technical Assistance Sheet](#). Brief interpreters and provide them with written information about the emergency before the event begins. In particular, they should know important names and areas affected.
- Communication Access Real Time Translation (CART), also known as “real-time captioning,” is a service that can be delivered on location or remotely. CART uses a stenotype machine, notebook computer, and specialized steno translation software to instantly translate the spoken word into English text. Additional information is available at the [CART webpage](#). The text produced by the CART provider can be:
  - Displayed on a computer monitor.
  - Projected onto a screen.
  - Combined with a video presentation to appear as captions.
  - Displayed on other systems.
- Video Remote Interpreter (VRI) Services is an interpreting service that uses video conference technology over dedicated lines or wireless technology offering a high-speed, wide-bandwidth video connection that delivers high-quality video images. VRI is similar to traditional onsite interpreting except that the interpreter is accessed remotely via the Internet, providing, in some cases, a more cost-effective and time-efficient solution to providing sign language access. Additional information is available at the [VRI webpage](#).
- Telephone call options:
  - Telecommunication Relay Services (TRS), established under Title IV of the Americans with Disabilities Act, is a telephone service that allows people with hearing or speech disabilities to place and receive telephone calls. TRS is available for local and/or long distance calls in all 50 states, the District of Columbia, Puerto Rico, and U.S. territories. TRS is regulated by the Federal Communications Commission and there is no cost to the TRS user.
    - Agencies and jurisdictions should respond to TRS calls as they would any other telephone call.
    - TRS uses operators, called communications assistants (CAs), to facilitate telephone calls between people with hearing and speech disabilities and others. Either a person with a hearing or speech disability or a person without such a

disability may initiate a TRS call. There are several forms of TRS, depending on the particular needs of the user and the equipment available.

- Text-to-Voice TTY-based TRS is the “traditional” method for people with speech or hearing disabilities to communicate over the phone. To use it, a person with a hearing or speech disability uses a Text Telephone (TTY) to call the CA at the relay center. TTY users type both the number they wish to call and their telephone conversations onto the TTY’s keyboard. The attendant at the relay center then makes a voice telephone call to the other party, and relays the call back and forth between the parties by speaking what the text user types, and typing what the voice telephone user speaks. The text is displayed on a screen or printed on paper for the TTY user to read.
- Voice Carry Over (VCO) is technology for people with hearing disabilities who speak using their own voices. They can speak directly to the called party and receive responses in text from the call attendant. The party who is deaf or hard of hearing does not type
- Additional services are listed at [Wisconsin Relay Services](#).

Additional resources:

- Where to find an Interpreter?
  - Wisconsin ASL interpreting agencies:  
<https://www.dhs.wisconsin.gov/odhh/interpreting/interpreter-agencies.htm>
  - Independent ASL interpreters (freelance interpreters):  
<https://www.dhs.wisconsin.gov/odhh/interpreting/index.htm>
  - PDF Technical Assistance – Sign Language Interpreters:  
<https://www.dhs.wisconsin.gov/publications/p02242.pdf>
- Where to find Communication Access Real-time Translation (CART)?
  - Private practice captioners and court reporting/captioning firms:  
<https://www.dhs.wisconsin.gov/odhh/cartlisting.htm>
  - Tips for Hiring CART Captioners  
<https://www.dhs.wisconsin.gov/odhh/carthirepractice.htm>
- Where to find funding support for communication access in certain situations not covered under the Americans with Disabilities Act (ADA) or Section 504 of the Rehabilitation Act?
  - Service Fund <https://www.dhs.wisconsin.gov/odhh/service-fund.htm>
  - PDF How to Apply for Service Fund  
<https://www.dhs.wisconsin.gov/publications/p02305.pdf>.
- Are there any visual communication tools?
  - COVID-19 Communication Tool:  
<https://www.dhs.wisconsin.gov/publications/p02629.pdf>
  - Emergency Preparedness Toolkit – Visual Communications Tool:  
<https://cpd.wisconsin.gov/pdffiles/documents/visual-comm-tool.pdf>
  - The Communicator, a surgical facemask with a clear window is designed for healthcare professionals and consumers who need clear communication while wearing protective gear: <https://safenclear.com/>

- Hearing Loss Association of America (HLAA) provided list of apps for smartphone: <https://www.hearingloss.org/communication-access-recommendations-hospitals-covid-19/#tools>
- Hearing Loss Association of America (HLAA) provided a print out a page/medical placard saying you are deaf, hard of hearing, or DeafBlind and need hospital staff to communicate with you differently: <https://www.hearingloss.org/wp-content/uploads/Deaf-Hard-of-Hearing-Medical-Placard.pdf>

## Individuals Who Have a Physical Disability

### Attitudinal:

- Assuring that the person is viewed as an equal and valued individual.
- Staffing awareness and use of person-first language.
- Respecting the person's concerns and ideas on the best way to address their needs.
- Valuing the person's concerns as valid and seeking solutions.
- Content
  - **People First Language**
    - <https://www.askearn.org/topics/retention-advancement/disability-etiquette/people-first-language/>
  - **Trauma Informed Care Considerations for People with Disabilities** - Include direct correlation that many people with disabilities have experienced trauma and that these circumstances can be a trigger.

### Organizational or systemic barriers:

- Ensure that protocols are fair and consistent and do not impose additional restrictions because the person is identified as having a disability.
- Assume capacity in communication, decision-making, and consent.

### Architectural or physical:

- When building or establishing space or rooms (including doorways, entrances, bedrooms, and bathrooms), ensure that the setting is physically accessible. Accessibility items include grab bars, roll in showers, higher toilet seats, and lower countertops.
  - For more information, see page six of Isolation Site Considerations Toolkit (<https://www.dhs.wisconsin.gov/publications/p02639a.pdf>.)
- Permitting service animals and other accommodations/technology such as lifts, wheelchairs, and communication devices.
  - This may also mean being aware of those with allergies to animals.
- Be aware of sensitivities and allergies

**Informational or communication:**

- Develop signboards and written communications for people who are deaf or hard of hearing.
- Provide braille, large print, or oral review of documents and other communication means for people who are blind or visually impaired.
- Provide pictorial representation for people who may have limited literacy or cognition.
- Use the [Council on Physical Disabilities \(CPD\) Visual Communication Card](#), which is available in hard copy through DHS Form Number P-90025-A.
- Provide access to alternative methods for communication to include assistive technology devices, interpreters, engaging with support staff, or direct care workers.
- Provide locally available translators, interpreter services, and translated materials for non-English and English as a second language (ESL). It should also provide interpreters and materials for deaf and hard of hearing, as well as, for the visually impaired.

**Intake protocol:**

- Assure intake process provides equal access to people with disabilities.
- Assume it will be possible to accommodate the person at the isolation center.
- Be prepared to develop alternatives for them if it is not possible to accommodate their needs.

**Additional considerations:**

- The person may have unique needs and accommodations within the isolation facility and strive to identify ways to address these individually.
- Presume the person is intelligent and capable – avoid implicit bias that a person with a disability is different, less capable, or less deserving of safety, respect, and intervention.
- Recognize that many people with a disability have experienced trauma and assure a trauma informed response to their concerns or anxieties as a result of this trauma. Do not try to minimize the risks or dismiss their concerns.
- Actively work to listen to the person and their comments and concerns. Strive to show their concerns are being heard and addressed
- Accommodate service animals.
- Consider and plan for chemical sensitivities or allergies.
- Recognize that people may need to have a caregiver with them, or have access to a caregiver entering the isolation setting.
- Accommodate cleaning and other hygiene practices such as an accessible height for the sink for thorough handwashing.
- Establish links to needed resources such as specialized supply delivery, pharmaceuticals, or specialized food and dietary needs.
- Be prepared for specialized transportation or other essential needs.

**Individuals Who Are Blind or Visually Impaired****Specific recommendations:**

- Ensure that there are rooms with braille numbers and letters or raised print.

- Reserve rooms that are easily accessible such as on the first floor or close to entrance.
- Ensure that all signage is easily legible with in high contrast, bold dark letters, and Arial font.
- Use social distancing marks on floor with high contrast or tactile prompts (such as sandpaper)
- Familiarize each resident with their environment by:
  - Confirming that they know the location of resources in room their room and can operate everything. This can include ensuring they know the location of the light switches and how to turn on the shower.
  - Ensure that they know where emergency exits are located. If unable to travel to them independently make sure they are accounted for in case of an emergency.
- Provide locations for guide dogs to relieve themselves.
- Ensure that all information (such as intake paperwork and facility rules) are accessible to the occupant through:
  - Large print
  - Braille
  - Audio
- Provide signature guides to assist in signing paperwork.
- Ensure access to communication technology with accessible phones that have modifications such as large buttons or print or is voice activated.
- Ensure that the occupant has access to entertainment resources through tools such as:
  - Amazon Echo
  - Talking Books, Audiobooks: Wisconsin Talking Book and Braille Library  
<https://dpi.wi.gov/talkingbooks>

**Additional resources:**

- [Guide for designing and navigating space for individuals who are blind or visually impaired.](#)
- How to accommodate service animals in a [public health emergency or disaster.](#)
- [Basic Sighted Guide Techniques.](#)
- [Introduction to Sighted Guide.](#)
- [Do's and Don'ts When Interacting with a Person Who is Blind.](#)

**Individuals who are Deafblind (Dual Sensory Loss)**

People who are deafblind have a dual sensory loss. Some may have usable speech, vision, and/or hearing. Determine if the individual can effectively communicate via speech, ASL, finger spelling, writing with a dark pen, computer or assistive device communication, or print-on-palm.

People with combined hearing and vision loss may be deafblind, deaf with low vision, or hard of hearing with any kind of vision loss.

Use the following guidelines to create a respectful and helpful interaction:

- Let the person who is deafblind know you are there by a simple touch on the shoulder or arm.
- Avoid bright, glaring, and loud environments.

- Identify yourself.
- Communicate directly with the person, even when using an interpreter.
- Do not assume the deafblind person knows where they are or what is going on. Share as much information as possible.
- Always tell the person when you are leaving, even if it is for a brief period of time. Leave them as comfortable and safe as possible. It is good to offer them a chair, table, or wall for an anchor.
- When guiding a person who is deafblind, never place him or her ahead of you. Allow the person to hold your arm above the elbow. It is rarely necessary to help the person who is deafblind sit down or climb stairs. Place their hand on a chair or banister and tell the person that you are approaching an up or down staircase will give the person the information that he or she needs.
- Deafblind specialist for adults are available at the [Center for Deaf Blind Persons, INC.](#)
- Deafblind specialist for children available at the [Wisconsin Educational Services Program for the Deaf and Hard of Hearing \(WESP-DHH\)](#)

# Referral Process

Completed by: Local Health Providers or Public Health Officials and Onsite Coordinator

Outlined in [Appendix H](#).

## Referral Process for COVID-19 Isolation Sites

These isolation sites are available to those who have tested positive for COVID-19 or who are currently exhibiting symptoms related to COVID-19 after being exposed to a confirmed case but are unable to isolate in their own homes.

When a health care provider or public health official (i.e. public health nurse, contact tracer, or other) identifies an individual with a need for isolation who cannot isolate in their own home, they may be referred to their local isolation site. At this time, the individual will have six hours to check-in at the isolation site. Individuals may not self-refer. Before the referral is made to the onsite coordinator, the health care provider or public health official should review the Occupant Agreement Form ([Appendix C](#)) so the individual is aware of the rules they will be agreeing to in order to check in to the isolation site. If the individual does not want to agree to the rules, they should follow shelter-in-place guidelines.

Referrals will be made by calling the isolation onsite coordinator who will determine that individuals are appropriate for referral. Individuals must meet the following requirements:

1. Confirmed case of COVID-19 or symptomatic individual suspected to be infected with COVID-19.
2. Individual is considered stable and not in need of hospitalization.
3. Individual can perform activities of daily living without assistance from the isolation site staff.
4. Individual does not require on-site medical or nursing care from isolation site staff.

The following categories of individuals are appropriate for referral to State COVID-19 isolation sites:

1. Individuals who do not have secure housing in which to self-isolate.
2. Individuals who need to leave their routine living situations in order to protect household members at high-risk for complications from COVID-19.
3. Health care workers and essential workers.
4. Individuals in unique situations where isolation is needed to limit community spread and other housing options are not available.

## Special Circumstances

There are special circumstances where healthy individuals will be permitted to stay in the isolation facility with the individual referred to the isolation site:

1. The referred individual requires a translator
2. The referred individual has a child or children who need to remain under their care, such as a child or children who have special needs or when other child care services are not available
3. The referred individual is a minor and requires their parent/guardian to accompany them at the isolation site
4. The referred individual is developmentally disabled or requires a guardian or appointed decision maker to remain with them at all times

If any of the above circumstances apply to the referred individual, the health care provider or public health official should communicate this information to the onsite coordinator during the referral process. If the isolation site can accommodate the special circumstances, the onsite coordinator will document those circumstances including identifying the individual(s) who will be accompanying the referred person. If space is not available and the individual and their companions will not be able to stay at the isolation site. The site may offer that the individual may stay in the site alone, but only if the individual is capable of staying by themselves.

### **Declined Referrals**

If an individual is declined for any of the above reasons, the referring medical provider or public health official should determine if there is another housing option within the county for the individual. If the individual does not meet the criteria and requirements of a different site, then they should follow safer at home guidelines to the extent possible.

# Intake Process

Completed by: Onsite Coordinator with assistance of Admin Staff

Workflow outlined Appendix I

## Intake Process for Isolation Sites

After an individual has been approved through the referral process, they can begin the intake process to the site. Before arrival, the person should arrange to collect items they will need for the duration of their stay. For recommendations on items, there is a packing list in [Appendix F](#). Where possible, the individual should provide their own transportation to the site.

Once the individual has arrived at the site, they should don a surgical or cloth mask available at the front door. There should only be one individual in the lobby at a time. If there is someone else present, the individual should wait outside until the other intake is complete and the occupant has left the lobby. There is a diagram of the lobby setup recommendation in [Appendix G](#).

The individual will approach the table in front of the desk. On the table there will be printed out copies of the occupant agreement form ([Appendix C](#)) and the registration intake form ([Appendix D](#)). The Occupant Agreement Form outlines the rules an individual will agree to in order to be an occupant at the site. The onsite coordinator will read the form to the individual and the individual should sign the document to agree to the rules.

After the occupant has signed the form, they will leave their state identification on the table and step back to a line six feet behind the table. The onsite coordinator will walk from behind the desk and bring a wristband the key to the room. The onsite coordinator will collect the form, review the state identification, and leave the wristband and key on the table. Once the onsite coordinator returns to the front desk, the occupant can retrieve the items placed on the table and go to their room.

After the occupant has finished checking in, the isolation onsite coordinator should enter the occupant's name, date and time of arrival, room number, dietary restrictions and allergies, any pertinent health information volunteered by the individual (such as their heart medication schedule or insulin need), and status (checked-in, evicted, checked-out, or checked-out against medical advice (AMA)) into the occupant admission log spreadsheet ([Appendix S](#)).

Isolation site coordinators should submit the most recent version of the occupant admission log to their assigned point-of-contact in the county or city EOC at the beginning of their shift. The occupant admission log spreadsheet should be used each day when determining the site's current census for the purpose of ordering meals.

If the referred individual meets any of the criteria outlined in the special circumstances section, the onsite coordinator will place them in a family unit, subject to availability. All individuals staying in the family unit are required to fill out the occupant agreement form and adhere to the rules of the isolation site.

# Medical Monitoring/Wellness Check Calls

Completed by: Medical Monitoring Staff

Workflow outlined in [Appendix J](#)

## **COVID-19 Isolation Site Occupant Medical Monitoring Plan**

Occupants should be contacted by the medical screening staff via phone for a wellness check every twelve hours from 8 a.m. to 8 p.m., with their answers recorded in the corresponding form ([Appendix E](#)). If the occupant does not answer their phone, the medical screening staff must call back in 15 minutes. If there is still no answer, the onsite coordinator and the on-site medical personnel will conduct an in-person wellness check at the occupant's room. The staff must knock first. If there is no answer from the knock, the staff is authorized to open the room door. Overnight or additional wellness checks may be requested by occupants and will be provided as staffing and other circumstances permit. Wellness checks are intended to evaluate an occupant's need for immediate medical evaluation in the emergency department. After the wellness check form is complete, the medical screening staff should file it in a secure place to protect confidentiality of the occupant.

If an occupant has concerning vital signs as defined on [Appendix E](#), or any other reason for medical concern, the medical screening staff should contact EMS via 911 and the occupant should be transported by ambulance to the nearest health care facility's emergency department for evaluation. If there is not a life-threatening concern, then the occupant can use a form of transportation other than an ambulance, if available.

# Facility Logistics

## **Food Order Protocol**

Completed by: Onsite coordinator

Determine when the onsite coordinator will contact the food provider to place an order for the day. Food should be considered for all staff working (including the day and night shift) and the number of occupants. If the number of occupants increases during the day, the food provider should be updated.

The food should be individually packaged and separated into a bag or box for each occupant. All food should be in packaging that can be thrown away so there are no dishes to be washed. If the occupant has any specific dietary needs, the name of the occupant, their room number, and the specific dietary needs should be written on the outside of the packaging.

## **Food Delivery Protocol**

Completed by: Admin staff

Workflow outlined in [Appendix K](#)

Food should be delivered to occupants three times a day for breakfast, lunch, and dinner. The occupant can request snacks between meals through the onsite coordinator. If this is requested, appropriate site staff will need to deliver the snack the same way a meal is delivered. Food for the night shift staff should be delivered with dinner and placed in a fridge.

The admin staff should determine the food delivery schedule and which staff will deliver the food. When delivering the food, the staff must wear gloves and N95 respirators. Staff should walk from door to door and drop the packaged food at the door on the outside of the room. They should knock twice to alert the occupant that the food has been delivered and then move on to the next room.

## **Cleaning Protocol**

Completed by: Contractor

Workflow outlined in [Appendix L](#)

Cleaning staff should be provided by the site or contracted through a third party. There should be cleaning staff available at all times onsite.

Common areas should be cleaned every four hours. This includes sanitizing the lobby, door handles, the front desk/office space, shared bathrooms, and any other areas or common locations the staff is in. Cleaning staff should wear gloves and N95 respirators.

Occupant rooms should be fully cleaned after an occupant ends their stay at the site. If linens need to be changed, an occupant can call the onsite coordinator and request for cleaning staff to enter their room to make the change. If cleaning staff needs to enter an occupant's room at any time, they should wear a gown, face shield, N95, and gloves. When removing dirty linens from the room, the cleaning staff should place them in a clear plastic bag to be brought to laundry. If an occupant requests fresh towels, they should place their dirty towels in the provided trash bag, place them outside of their room, and notify the front desk that they need new towels. Cleaning staff will need to bring new towels to the room and knock twice to let the occupant know they have been delivered. They will also have to take the dirty bag and bring to the laundry for cleaning.

### **Guest Delivery Protocol**

Completed by: Onsite coordinator with assistance from admin staff

Workflow outlined in [Appendix M](#)

If an individual delivers a package for the occupant in isolation, they must open it up and show its content to the onsite coordinator. Any non-permitted items should be removed from the package and given back to the deliverer and a "Delivery to Occupant" slip ([Appendix U](#)) signed by them. Once the site coordinate confirms the contents of the package are permitted, they should call the occupant to inform them a package will be delivered to their room. The onsite coordinator can then place the package outside of the occupant's room, knock twice to alert the occupant, and walk away.

### **Occupant Room Transfer**

Completed by: Onsite coordinator with assistance of admin staff

Workflow Outlined in [Appendix N](#)

In the event that an occupant requires a new room during their isolation stay, the occupant must call the onsite coordinator who will confirm a new room is available. The occupant will pack their belongings and medical support staff will escort them to their new room. Cleaning staff will clean the occupant's former room per their contract requirements.

### **Security Protocol**

Completed by: Onsite Security Contractor

In the event that a security monitor needs assistance from local law enforcement, the security personnel is responsible to make sure local law enforcement visiting will supply the appropriate PPE.

### **Home Healthcare Services**

Completed by: Home healthcare workers or other service providers

In the event that an occupant has an assigned home healthcare worker or other essential service provider, often due to respiratory and cardiac issues, the onsite coordinator must ensure that the isolation facility can safely accommodate some kind of visitation schedule and that the nurse follows site-specific protocols for protection. This service could ultimately avoid return trips to the emergency room.

# Decontamination Guidance for Isolation Site

It is not certain how long COVID-19 survives on surfaces, but emerging evidence suggest that the virus may survive on surfaces for a few hours or up to several days depending on various factors, such as the type of surface, humidity of the environment, exposure to heat, cold, sunlight, and ventilation.<sup>2</sup>

Surface	Amount of Time	Examples
Metal (other than those listed below)	5 days	Doorknobs, jewelry, silverware
Ceramics	5 days	Dishes, pottery, mugs
Glass	4-5 days	Drinking glasses, measuring cups, mirrors, windows
Wood	4 days	Furniture, decking
Plastics	2-3 days	Packaging like milk containers and detergent bottles, subway and bus seats, backpacks, elevator buttons
Stainless steel	2-3 days	Refrigerators, pots and pans, sinks, some water bottles
Cardboard	24 hours	Shipping boxes
Disposable gown	1-2 days	
Aluminum	2-8 hours	Soda cans, tinfoil, water bottles
Copper	4 hours	Teakettles, cookware
Paper	Varies	Some strains of coronavirus live for only a few minutes on paper, others live for up to 5 days.

## How to Clean and Disinfect<sup>3</sup>

### Before starting:

- Close off areas used by the person who is sick.
- Only clean the occupant’s room when needed, such as when the area is soiled. This will limit contact with the person who is sick.
  - Staff can provide personal cleaning supplies to the person who is sick (if appropriate). Supplies include tissues, paper towels, cleaners, and EPA-registered disinfectants. If they can, the person who is sick can clean their own space.

<sup>2</sup> COVID-19: Avoid Illness (April 2, 2020). Wisconsin Department of Health Services (WI DHS). Retrieved on April 6, 2020, from <https://www.dhs.wisconsin.gov/covid-19/protect.htm>

<sup>3</sup> *Cleaning and Disinfecting Your Facility* (April 1, 2020). Centers for Disease Control and Prevention (CDC). Retrieved on April 6, 2020, from <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

- Open outside doors and windows to increase air circulation in the area being cleaned, if possible. Wait 24 hours before you clean or disinfect. If 24 hours is not feasible, wait as long as possible.
- Clean and disinfect all areas used by the person who is sick including offices; bathrooms; common areas; and shared electronic equipment like tablets, touch screens, keyboards, remote controls, and ATM machines.
  - Clean surfaces with soap and water.
- Wash hands often with soap and water for 20 seconds.
  - Always wash immediately after removing gloves and after contact with a person who is sick.
  - If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.
  - Avoid touching eyes, nose, and mouth with unwashed hands.
  - Hands should also be washed after:
    - After blowing one's nose, coughing, or sneezing.
    - After using the restroom.
    - Before eating or preparing food.
    - After contact with animals or pets.
    - Before and after providing routine care for another person who needs assistance.
- Make sure to wear disposable gloves when cleaning and/or disinfecting.
  - Additional PPE might be required depending on the products used and if there is a risk of splash.
- Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area.

## Disinfecting

- Clean the area or item with soap and water or another detergent if it is dirty. Then, **use a household disinfectant.**
  - Recommend use of [EPA-registered household disinfectant](#). Follow the instructions on the label to ensure safe and effective use of the product.
  - **Diluted household bleach solutions may also be used** if appropriate for the surface. Check to ensure the product is not past its expiration date. Unexpired household bleach will be effective against coronaviruses when properly diluted.
- Follow manufacturer's instructions for application and proper ventilation. Never mix household bleach with ammonia or any other cleanser.
- Leave solution on the surface for at least 1 minute
- To make a bleach solution, mix 5 tablespoons (1/3rd cup) bleach per gallon of water or 4 teaspoons bleach per quart of water.

## **Cleaning and Disinfecting Specific Surfaces**

### **Soft surfaces (such as carpeted floors, rugs, and drapes)**

- Clean the surface using soap and water or with cleaners appropriate for use on these surfaces.
- Launder items (if possible) according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely. Or disinfect with an EPA-registered household disinfectant.

### **Electronics (such as tablets, touch screens, keyboards, remote controls, and ATM machines)**

- Consider putting a wipe able cover on electronics.
- Follow manufacturer's instruction for cleaning and disinfecting.
  - If no guidance, use alcohol-based wipes or sprays containing at least 70% alcohol. Dry surface thoroughly.

### **Food**

- Ensure occupants eat in their room.
- Wash glasses used for drinking water using gloves and with soap and hot water or in a dishwasher.
- Clean hands after taking off gloves or handling used items.

### **Trash**

- Use gloves when removing garbage bags, and handling and disposing of trash. Always wash hands afterwards.

### **Laundry (including clothing, towels, linens, and other items)**

- Launder items according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely.
- Wear disposable gloves when handling dirty laundry from a person who is sick.
- Dirty laundry from a person who is sick can be washed with other people's items.
- **Do not** shake dirty laundry.
- Clean and disinfect clothes hampers according to guidance above for surfaces.
- Remove gloves, and wash hands right away.

### **Additional considerations**

- Educate isolation site staff performing coordination, security, facility management, cleaning, and restoration to recognize the symptoms of COVID-19.
  - Provide instructions on what to do if they develop symptoms within 14 days after their last possible exposure to the virus.
- Provide just-in-time training to all cleaning staff on site prior to providing cleaning tasks.
  - Training should include when to use PPE, what PPE is necessary, how to properly don (put on), use, and doff (take off) PPE, and how to properly dispose of PPE.

# Discharge from Isolation Site

Completed by: Onsite Coordinator

Workflow outlined in [Appendix O](#)

The site coordinator should notify the occupant of their upcoming discharge 24 hours before they are expected to be discharged from the site. Per CDC guidance, the expected length of stay will be at least 10 days since symptoms first appeared and, 3 days (72-hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (such as a cough or shortness of breath). Individuals with laboratory-confirmed COVID-19 who have not had any symptoms may discontinue isolation when at least 10 days have passed since the date of their first positive COVID-19 diagnostic test and have had no subsequent illness. At the end of the occupant's isolation stay, the site coordinator must formally discharge the occupant from the isolation site. Site coordinators should determine what time the occupants should leave the site so as to provide cleaning staff enough time to sanitize the room before another occupant enters.

To formally discharge, the occupant will need to pack all of their belongings and go to the lobby. There should only be one individual in the lobby at a time. If there is someone else present, the occupant should wait outside until the current individual has left. When ready, the site coordinator will place the occupant agreement form ([Appendix C](#)) on the table placed at least six feet from the front desk, then return to the front desk.

The occupant will review and sign the form, leave their keys on the table, and exit the isolation site. Occupants should arrange their own transportation from the site. Once the occupant has left, they will not be permitted to re-enter the site unless they go through the referral process again and the facility receives a referral from a healthcare provider or public health department.

The onsite coordinator should sanitize or dispose of the room keys.

# Involuntary Checkout

Completed by: Onsite coordinator with the assistance of the security staff

It may sometimes be necessary to involuntarily checkout occupants from site for repeated or serious violation of rules, physical altercations or fighting, verbal abuse, disturbances, or the occupant is unwilling to leave at the end of their stay. Involuntary checkout normally takes place after warnings and efforts to resolve issues have failed to produce compliance; however, an involuntary checkout may be made immediately following or to prevent physical attacks.

Deciding to perform an involuntarily checkout an occupant is a significant decision that should be made with public health and safety in mind. For occupants who are still sick, involuntary checkouts should be made when the threat to the individual, staff, or other residents is too great to allow the occupant to remain in the isolation site. For occupants who have been determined by a medical professional to be recovered, involuntary checkouts should be performed if the individual is unwilling to leave the isolation site.

The site coordinator, as well as the security monitor, is responsible for maintaining a safe and secure environment and ensuring occupants compliance with isolation site rules. The site coordinator, in consultation with security, law enforcement, mental health professionals, or others who can provide knowledge or perspective, makes this decision to involuntarily checkout an occupant from the isolation site.

## **Making the Decision for an Involuntary Checkout**

- Obtain advice from staff members, health services professionals, mental health professionals, security, law enforcement leaders, and other relevant service partners at the isolation site about unresolved issues, occupant information, and alternative resolutions.
  - Because COVID-19 can cause lack of oxygen that may cause confused states, it is pertinent that the occupant is evaluated to determine if they are experiencing a medical emergency that may cause them to be violating the rules. If staff has a reasonable belief that the occupant is experiencing a medical emergency, 911 should be called.
- Discuss options with the facility manager.
- Obtain advice from security and law enforcement.
- Document the occupant's behavior, resolution efforts, and decision in the security daily log form for future reference. Once the decision is made, inform the essential personnel at the local, county, and state health departments who in turn should inform their public affairs

## Performing the Involuntary Checkout

- Communicate to the occupant that they have one hour to gather their belongings once they have been informed that they are being checked out.
- Ensure that the onsite coordinator and security are both present. If law enforcement is on site, record their name, badge number, and case number in the [security daily log form](#) for future reference.
- Be calm and firm when informing the occupant about the involuntary checkout.  
Involuntary checkout should occur with as few other occupants and staff around as possible.
- Remove room key or any other item that would allow entry into the isolation site.
- Escort the occupant to the exit.
- If media might be present, reach out to public affairs and have them present.
- If the occupant leaves personal possessions, pack them in a bin or bag, label them, and store them in a secure location for later retrieval.
- Security staff should not use physical force to get an occupant to leave. If at any point it appears that physical contact will be necessary to get an occupant to leave, law enforcement should be contacted.

## Documenting the Involuntary Checkout

- Record occupant information, involuntary checkout rationale, involuntary checkout handling, and names of personnel witnessing the involuntary checkout into the [security daily log form](#).
- Record the involuntary checkout on the occupant's registration intake form, but do not include further information. Write that an occupant had an involuntarily checkout in the [security daily log form](#).
- Inform all isolation site staff of the departure and occupant's behavior when leaving.

# Consideration: Converting a Hotel into a Non-Acute Isolation Site

## General Concept

Standard hotel layouts provide the opportunity for single occupant rooms with private bathrooms and isolation by floor. Hotel infrastructure has many built-in fire protection and life safety safeguards. Communications systems will rely upon hotel WIFI infrastructure. These isolation sites will be supported by the health department of the jurisdiction with the assistance of private wrap-around services. Restoration to original condition by others.

## Concept of Operations

These isolation facilities are designed to allow those who have been exposed to COVID-19 and who are unable to isolate at home (for various reasons) have a site for isolation. Occupants are all considered ambulatory, capable of self-preservation, infectious, and not on ventilators (the use of oxygen with either nasal tube or mask). Family visitation capabilities will not be provided. The first-floor lobby area will be considered a “clean zone” (which will include areas such as reception, staff areas, command center). All halls and rooms will be considered “dirty (hot) zones” for infected occupants. Staff must not enter this area without appropriate PPE.

If occupants reach a higher level or acuity (more critical condition), the referring provider or official will redirect appropriate relocation to a hospital inpatient unit. Include the steps to follow for worsening symptoms

- If practicable, and to accommodate individuals who have limited mobility but are otherwise able to care for themselves, one elevator shall be designated as clean and one as dirty. Alternatively, if there are not two elevators, a decontamination process should be instituted after each instance where an elevator is used to transport an infected patient.
- If practicable, one stairwell shall be designated as clean and one as dirty, with each at opposite ends of the building (distinct separation).
- Building shall be free of asbestos, lead paint, and mold.
- Security measures shall be assessed and provided, with perimeter fence, site access control, door access control, and security monitors. Security monitors shall be a service contract with a local security company.
- **Architectural**

Existing beds shall be utilized for occupants. Each room will have a single occupant, unless it is a family unit.

# Consideration: Data Tracking

Once a facility has been set-up and is open for occupants, it is essential that certain data is tracked throughout its operation.

Some suggestions of metrics to track for the facility include:

- Total occupants overall and the counts of occupants each day as well as the demographics of the occupants such as:
  - Demographics (such as age and gender)
  - Where the occupant is from
  - Why they are requiring the isolation facility (such as if they do not have access to housing or they live with someone who is vulnerable)
  - What special accommodations they need (such as translated materials or an interpreter)
- Number of days from symptoms onset until asymptomatic/discharged (per occupant)
- Average length of stay of individuals at isolation facility (in days)
- Number of PPE used per day (create spreadsheet to track all the PPE used on site: N95, surgical masks, isolation gowns, gloves, face shield, etc.)
- Overall cost of operating the facility and cost per occupant
- Types of wrap-around services being provided
-

# Consideration: Reimbursement for Temporary Isolation Facility

There are a series of eligible expenses for temporary isolation facilities which house infected, exposed, or at-risk individuals who do not need hospitalization but cannot safely isolate at home. Isolation site expenses were reimbursable from DHS as quarantine expenses under Wis. Stat. 252.06(10), but that source of funding became unavailable upon the May 12 expiration of the Governor's emergency declaration. Isolation site expenses incurred after that date are reimbursable from two alternative sources:

## **FEMA Funding**

FEMA provides public assistance grants to reimburse costs of emergency protective measures undertaken by local governments in response to COVID-19. FEMA has created a [simplified public assistance grant application](#) for this pandemic and a [resource page](#) detailing various COVID-19 response activities that may be eligible for public assistance.

The Department of Health Services and Wisconsin Emergency Management (WEM) have received approval from the Federal Emergency Management Agency for local health departments to establish non-congregate sheltering for infected, exposed or at-risk individuals. To maintain this approval, DHS and WEM must report certain details about local isolation sites (including number of individuals housed, the average length of stay, wraparound services provided, and the cost per individual) to FEMA. Local governments can [email WEM](#) with questions about applying for FEMA public assistance grants.

## **Local Government Aid Grants:**

The [Routes to Recovery](#) local government aid program is also available to cover the expenses of isolation sites, including the local match obligations owed under the FEMA program. Expenses incurred from March 1 and after are eligible for reimbursement under the Routes to Recovery Grant program. Costs will be reimbursed in three periods: July (for expenses entered by July 1 in the to-be-created cost tracker application), September (for expenses entered by September 1), and November (for expenses entered by November 1).

# Appendices

# Appendix A – Isolation Site Survey Form

Completed prior to location selection



## Isolation Site Survey

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Available Date \_\_\_\_\_ Rooms/Beds: \_\_\_\_\_

Recommended features for a non-healthcare facility for isolation areas:

Requirement or Amenity	Available?	Provided By
<b>Basic Utilities</b>		
Electricity	Y / N	
Heat	Y / N	
Potable Water	Y / N	
Bathroom with toilet, sink, and shower	Y / N	
Waste and sewage service	Y / N	
Ability to disinfect environment using a disinfectant for coronavirus. Most standard disinfecting wipes have this claim - check label. List of Environmental Protection Agency (EPA) approved disinfectants for use against SARS-CoV-2 is located <a href="#">here</a> .	Y / N	
Internet/WiFi	Y / N	
Phone Service	Y / N	
<b>Ventilation Capacity</b>		
Rooms with individual ventilation system (preferred) or non-recirculating.	Y / N	
<b>Space</b>		
Front desk coverage: <ul style="list-style-type: none"> <li>o 24/7 if available</li> <li>o Minimum of essential hours required such as 7am-7pm</li> <li>o Training of front desk duties if not available 24/7</li> <li>o On-call facilities assistance 24/7</li> </ul>	Y / N	
Sufficient outside space for drop off and pick up of occupants, supplies, food, etc.	Y / N	
Individual bedroom for each person or capacity for families to room together.	Y / N	
Individual bathroom (including shower) for each person or family. If not available, bathrooms have to be decontaminated between each use.	Y / N	
Limited to no possibility for comingling of occupants.	Y / N	
Separate and secured bedroom and bathroom for responder personnel.	Y / N	
Ability to resolve maintenance issues	Y / N	
Communication (intercom/call bell/etc.) from occupant occupants to essential staff	Y / N	
<b>Access Considerations</b>		
Proximity to services, including medical services.	Y / N	
Parking	Y / N	
Ease of access for delivery	Y / N	
ADA Accessibility	Y / N	
Site security (secured individual rooms, 24/7 site security personnel).	Y / N	

Occupant Support		
Room Refrigerator (For prescription medication storage).	Y / N	
Food/Water	Y / N	
Television/Books	Y / N	
Bedding/Pillows/Towels	Y / N	
Automated External Defibrillator (AED)	Y / N	
Available transportation to medical facility (If Needed).	Y / N	
Mechanism for communication with on-site medical personnel, personal contacts, etc.	Y / N	
PPE – Personal Protective Equipment <ul style="list-style-type: none"> <li>o Identify if available any PPE equipment that you have. Items include: N-95 masks, impervious isolation gowns, face shields or goggles, and nitrile gloves</li> </ul>	Y / N	
Additional Considerations		
Ability to handle unexpected media presence	Y / N	
Security Cameras inside and around the building.	Y / N	
Laundry Facility and/or Services	Y / N	



# Appendix B – Isolation Facility Schedule

<b>07:00</b>	Breakfast Delivery
<b>08:00</b>	Wellness Check Call
<b>12:00</b>	Lunch Delivery
<b>13:00</b>	Garbage Collection (Place closed garbage bag outside room door for pick-up)
<b>16:00</b>	Snack Time
<b>19:00</b>	Dinner Delivery
<b>20:00</b>	Wellness Check Call
<b>20:00</b>	Garbage Collection (Place closed garbage bag outside room door for pick-up)
<b>22:00</b>	Wellness Check Call

# Appendix C – Occupant Agreement Form

You have been referred by a clinician to self-isolate to protect yourself and others. This is a **voluntary isolation**, and you may check out at any time. It is to protect you, your family, and the community and to help prevent the spread of COVID-19.

If you do not agree to the statements below and follow them during your stay, you may be asked to leave:

***I agree to all of the voluntary isolation guidelines below and I acknowledge that if I do not adhere to each of this guidelines, I will be asked to leave the isolation facility immediately.***

- You agree that this isolation facility is intended for individuals who are infected or suspected to be infected with COVID-19. You further agree that if a medical professional determines that you are no longer ill and that you are no longer contagious, you must leave the isolation facility in an effort to make space for new cases of infection.
- No visitors or pets of any kind are allowed in this facility.
- No smoking or vaping in your room or anywhere in the building. If you are caught violating this rule, you agree to pay for the consequent cleaning and/or any damages that may come from it.
- You are to remain in your room unless staff authorizes your departure from the room.
- You understand that if you leave the facility you will not be allowed to continue your stay in the facility. Staff will record any unapproved departure from the facility as “Checked-Out Against Medical Advice (AMA)”.
- No weapons are allowed anywhere within the facility.
- There will be security staff, onsite coordinator, admin staff, and medical personnel on site.
- Video surveillance will be used in shared spaces of the facility. Video surveillance will not be used inside occupant rooms.
- You may bring laptops, phones, other games and Internet is provided.
- No alcohol or illegal drugs are allowed.
- You may contact friends or family to drop off clothing or medications.
- You consent to a search of all property coming into the facility.
- You may contact staff for personal items by phone.
- For the duration of your stay, you agree to comply with medical monitoring conducted by facility staff including wellness check calls every 4 hours from 0600 to 2200. You also agree that if a wellness check call is not answered at the second (2) try, staff is authorized to perform an in-person wellness check.
- You may call staff during the night and discuss your medical/mental health if there are changes.
- If you, or the medical staff, determine that you need to be transported to a hospital, an ambulance will be called to transport you to the nearest/most appropriate facility.
- No loud music or disturbances are allowed.
- You agree to take care of your personal hygiene and cleanliness of the room.
- If your bedding or towels are soiled, place in plastic bags, tie, leave it outside your door and notify front desk (do not leave room).

- If your trash is full, place in plastic bag, tie, leave it outside your door and notify the front desk (do not leave room).
- You understand that any items you bring to the isolation facility are your responsibility, and the isolation facility is in no way responsible for lost, missing, stolen, or damaged items.
- You have carefully read and fully understand all the provisions of this form. You are freely knowingly, and voluntarily signing this form. You hereby release the facility, its employees, volunteers, and officers, as well as any of their assigns or designees on behalf of yourself, your family, your estate, and anyone else affiliated or associated with you or representing you, from all liability arising as a result of your stay in the isolation facility to the fullest extent permitted by law.

I agree to the above and I realize this VOLUNTARY stay is to protect me, family, and the community and to help prevent the spread of the disease.

Signed \_\_\_\_\_ Date/Time Admitted: \_\_\_\_\_

Signed \_\_\_\_\_ Date/Time Discharged: \_\_\_\_\_

\_\_\_\_\_ Left prior to the completion of their stay.

# Appendix D – Registration Intake Form



## State of Wisconsin COVID-19 Isolation Site Registration Intake Form

Referral Form received  Referral from (hospital/clinic, agency, etc.) \_\_\_\_\_

Referral by (Name/Position): \_\_\_\_\_

First and Last Name:		Date (month/day/year):	
Street Address:		City, State, Zip:	
Cell or Primary Phone:	Other Phone:	Email:	
Primary Language: (If Not English, Are they with a family member who speaks English? Name?)			
Method of Transportation (Vehicle/bus/bike/walk)		Vehicle License Plate # and State	
<b>Primary Guest and Family Member Information For Those Staying Together at this Site</b>			
FIRST NAME	LAST NAME	AGE	RELATIONSHIP TO PRIMARY GUEST:
<b>Questions:</b> 1. Are you required by law to register with a state or local government agency? Yes / No 2. Are you a veteran or active military? Yes / No 3. If you are taking any medications or use medical supplies, do you have them with you? Yes / No 4. Do you have dietary restrictions or allergies to food or medications? Yes / No 5. Do you have any physical or mental health needs, disability, or other condition(s) about which you are concerned? Yes / No If yes, briefly explain what services are needed. _____ 6. (If family members are with primary guest) Do you have any of the above concerns for family member(s) staying with you? (Reception Desk note these comments on separate log)			

Isolation Site Coordinator Name/Signature: \_\_\_\_\_

Isolation Site Name \_\_\_\_\_ Address \_\_\_\_\_ Room \_\_\_\_\_

# Appendix E – Wellness Check Form



## Wellness Check Form

**Client Call Information:** *Occupants should be contacted for a wellness check by phone every 12 hours from 8 AM to 8 PM. Overnight wellness checks may be requested by Occupants. Wellness checks are intended to evaluate an occupant's need for immediate medical evaluation in the Emergency Department.*

<b>Date / Time</b>	MM	DD	YY	00:00:00
<b>Name/ Room</b>	NAME			ROOM #

*This is*    *Name of Medical Screener*

**May I please ask, with whom am I speaking?**    [Name of Occupant]

**How are you doing?**    [Response]

**Are you having any trouble breathing?**    Yes                      No                      If yes, this is concerning

**Are you having any vomiting or diarrhea?**    Yes                      No                      If yes, go to next question.

**# of times of vomiting in the past 4 hours?**    Qty                      If vomiting is more frequent than 4 times in the past 4 hours or more than 8 times overnight, that is concerning

**# of times of diarrhea in the past 4 hours?**    Qty                      If diarrhea is more frequent than 4 times in the past 4 hours or more than 8 times overnight, that is concerning.

**Are you drinking plenty of fluids?**    Yes                      No                      Inability to take fluids orally is concerning

**If there are concerning responses to any of the above, an in-person evaluation should be performed**

**In-Person Evaluation**

**Respiratory Rate**                                      RR > 30 is concerning

**Oxygen Saturation**                                      Oxygen saturation < 93% is concerning

**Pulse**    Pulse > 110 is concerning

**Blood Pressure**    Systolic BP <90 or Diastolic BP <50 is concerning

**Comments:**

**If any vital signs noted above are cause for concern, or if there are any other significant medical concerns, consultation with local medical support staff should be obtained. If there is a life-threatening issue, contact EMS via 911.**

# Appendix F – Occupant Packing List

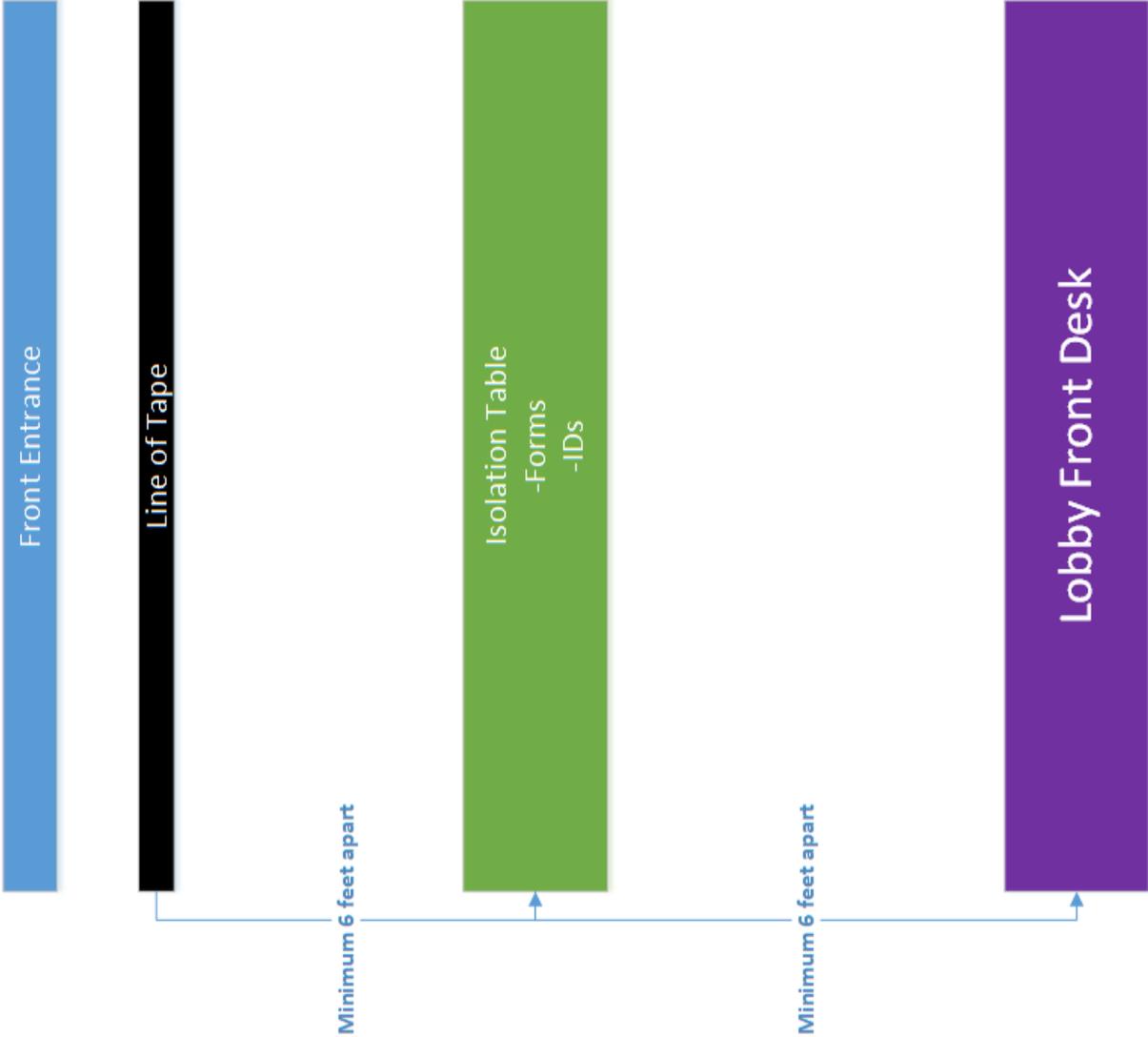
## Items provided:

Personal Care Kit: Soap, shampoo, conditioner, lotion, toothbrush, toothpaste, razor, and shaving cream.

## Suggested items to bring:

- Over 10-days' worth of clothing (family or friends can drop off additional clothing if needed)
- Personal Toiletries (Comb/hairbrush, facewash, creams, contact solution, etc.)
- Electric razor, hair straightener, etc.
- Prescribed medicines and over the counter drugs/items: Aspirin, ibuprofen, antacids, Benadryl, eye drops, nasal sprays/wash, lip balm, Tylenol, feminine products, other items in your bathroom
- Neck-leg-lap cushions, eye mask, ear plugs, headphones
- Eyeglasses and/or contacts lenses
- Cell phone, laptop-tablet, electronic games, ear buds-head phones, chargers, batteries, cards, books-magazines, note pads, pens-pencils, etc. Wi-Fi will be available.
- Preferred food items to supplement three daily meals

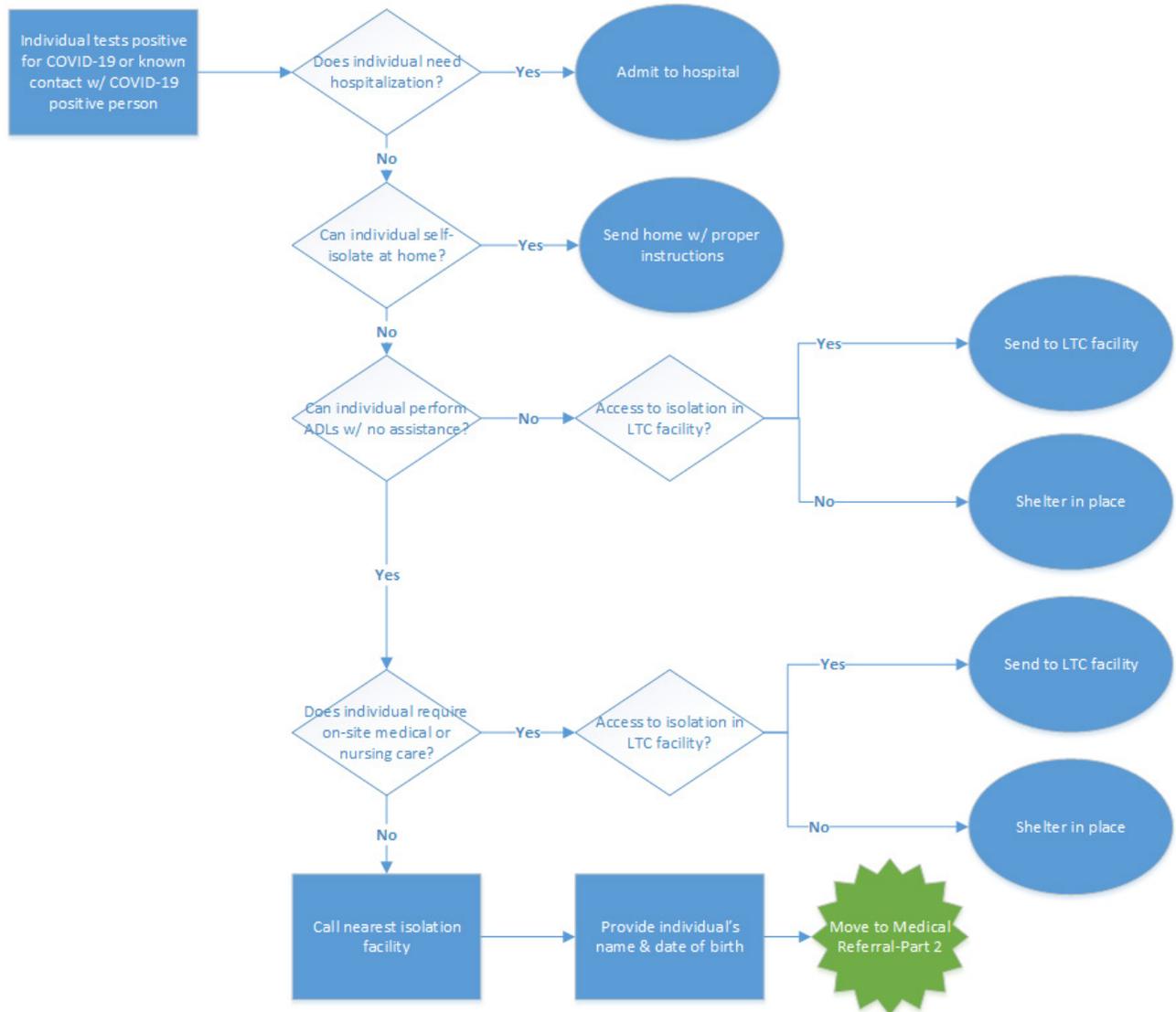
# Appendix G – Diagram of Lobby Setup



\*Process Details on Pg. 35

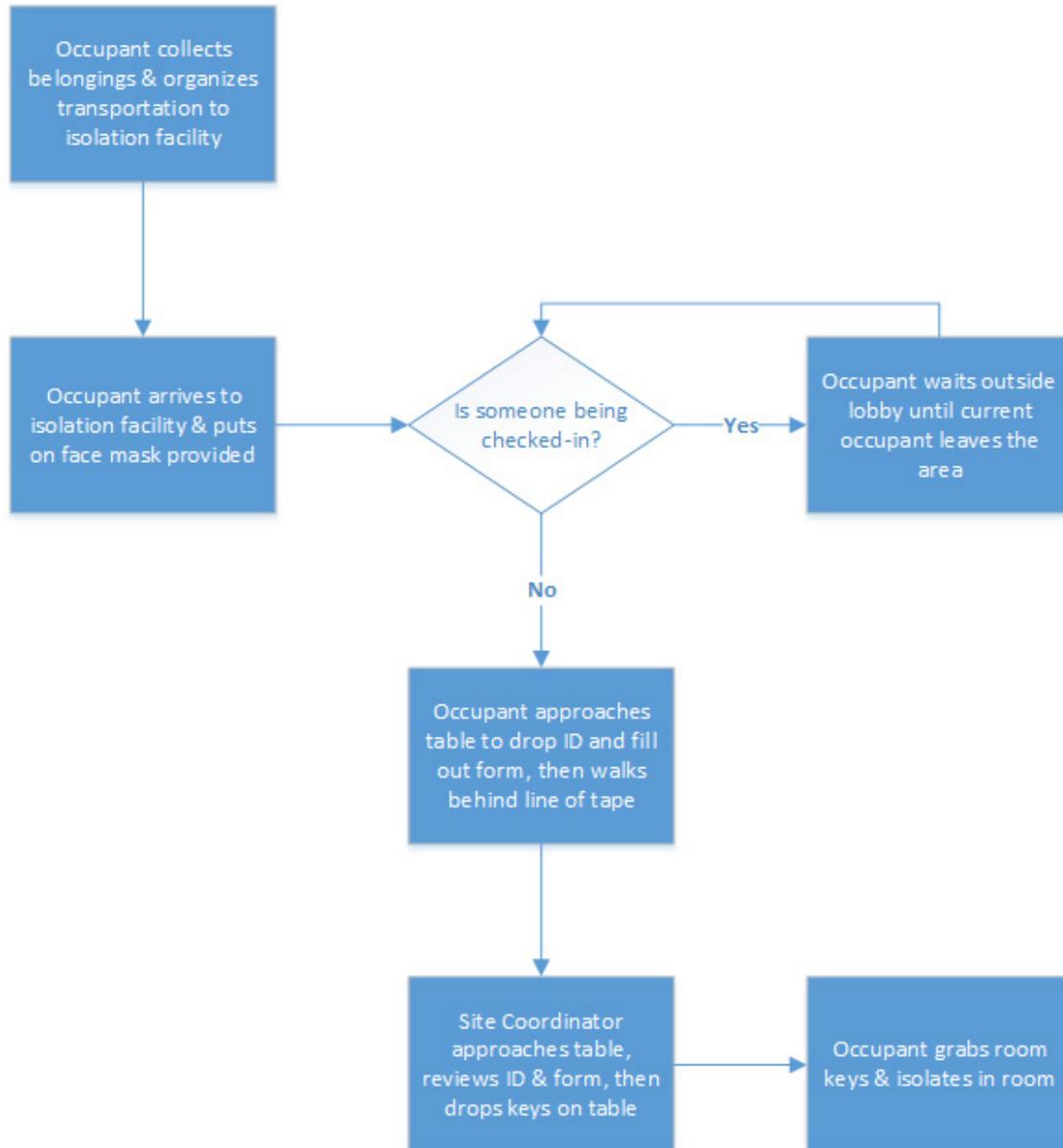
# Appendix H – Medical Referral

Process Details on Pg. 33



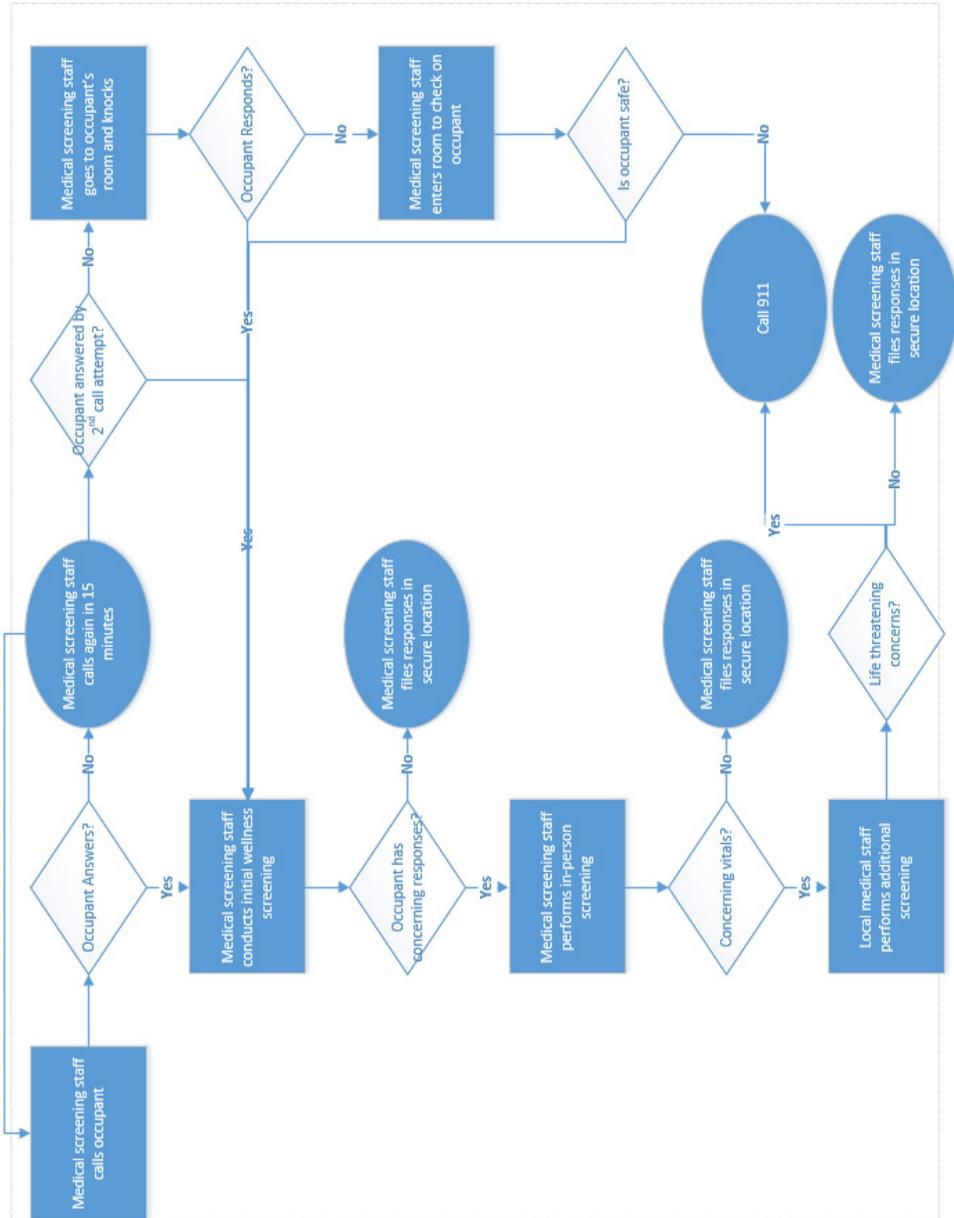
# Appendix I – Site Intake

Process Details on Pg. 35



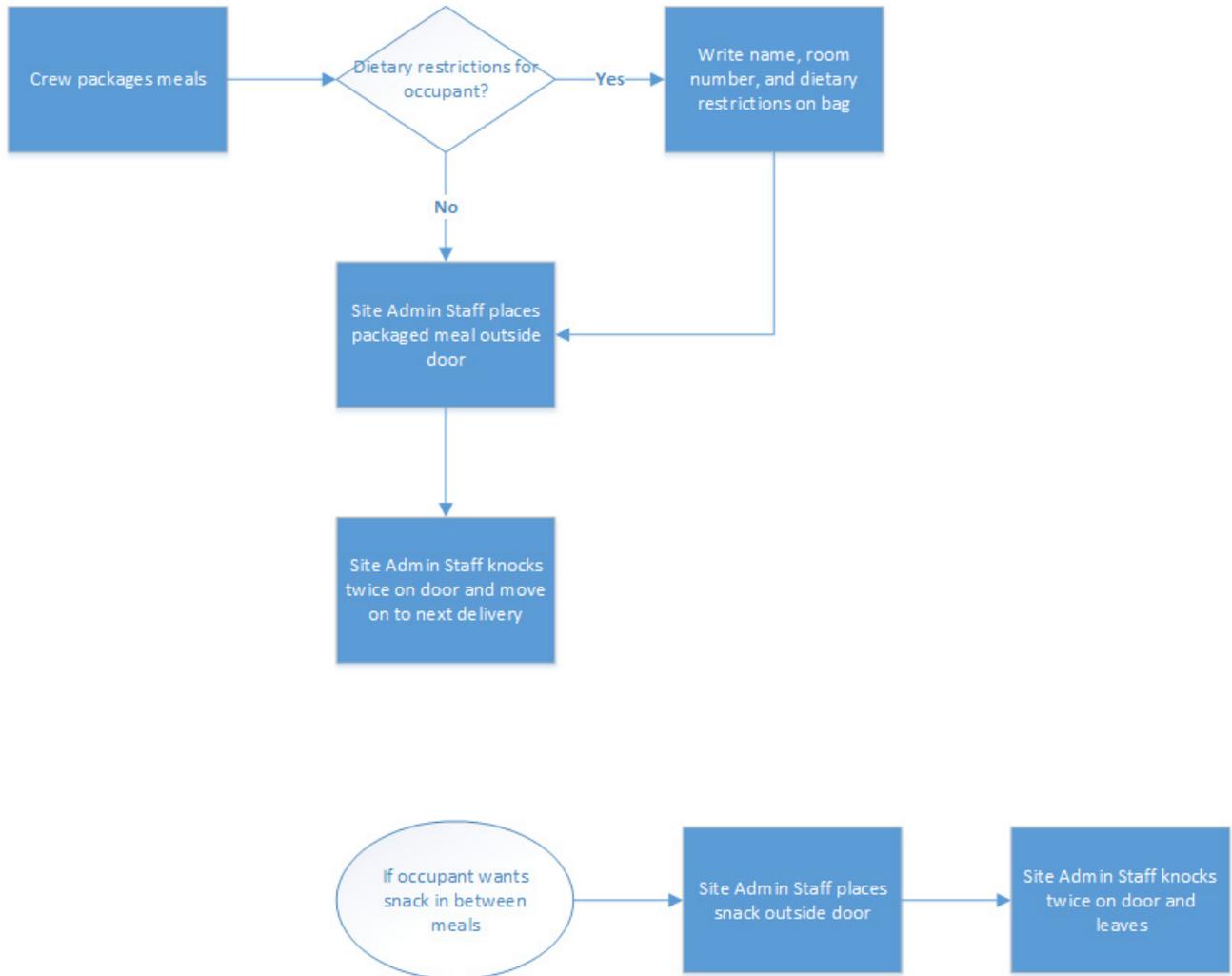
# Appendix J – Wellness Checks

Process Details on Pg. 36



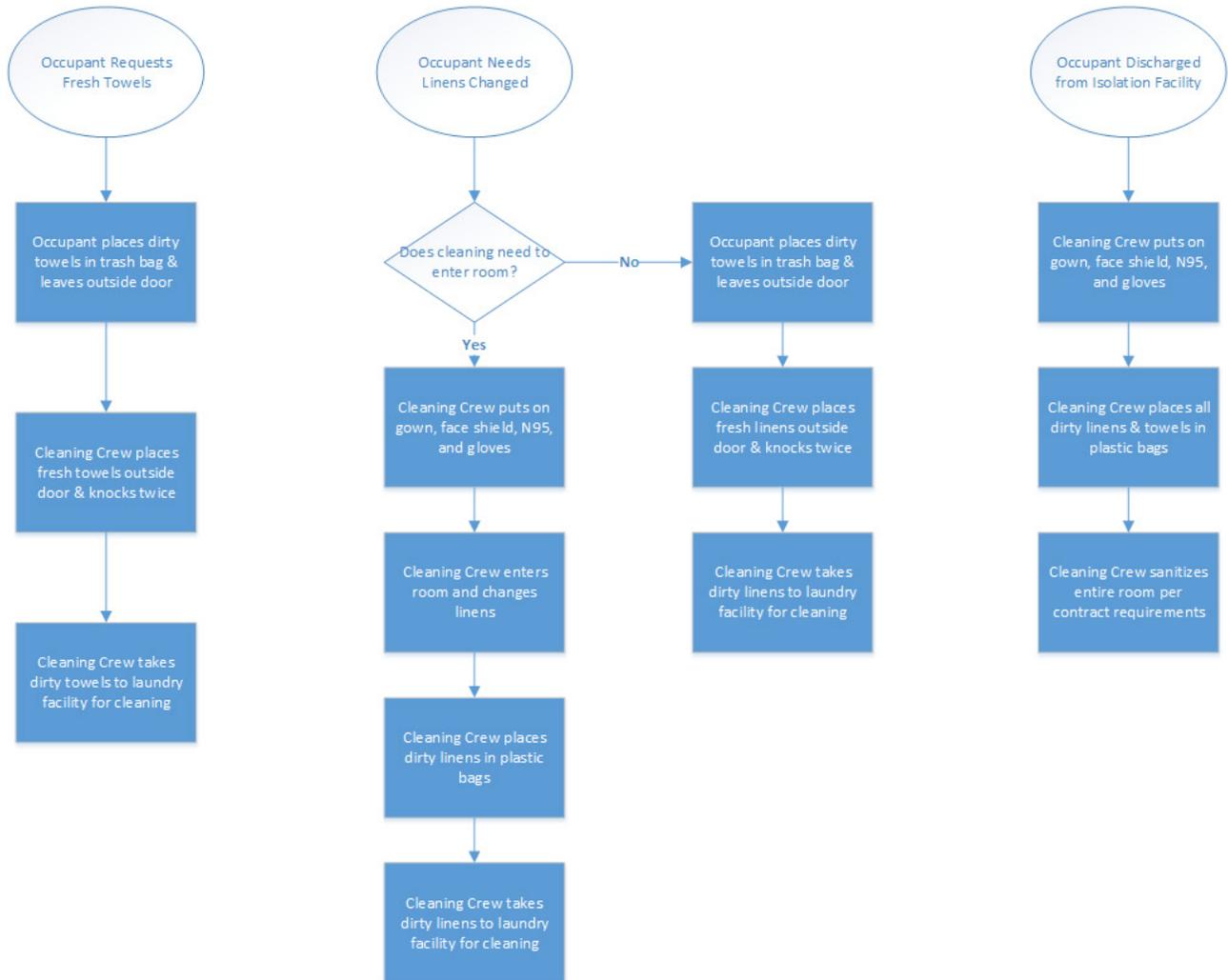
# Appendix K – Food Delivery

## Process Details on Pg. 37



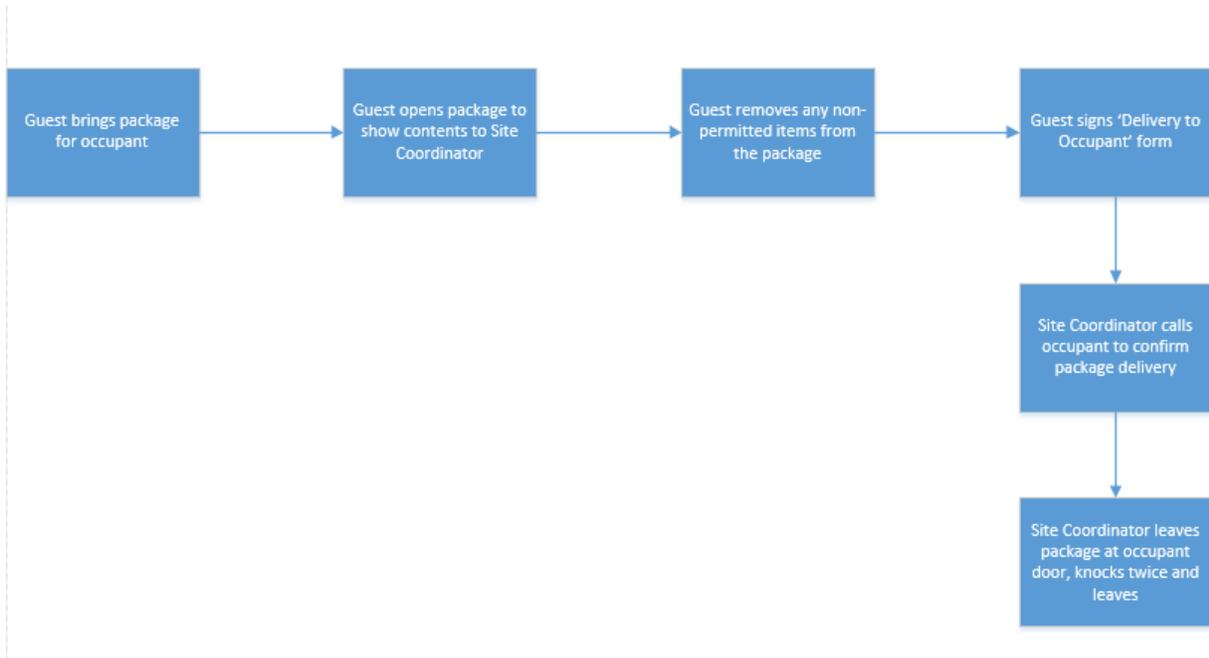
# Appendix L – Cleaning

## Process Details on Pg. 37



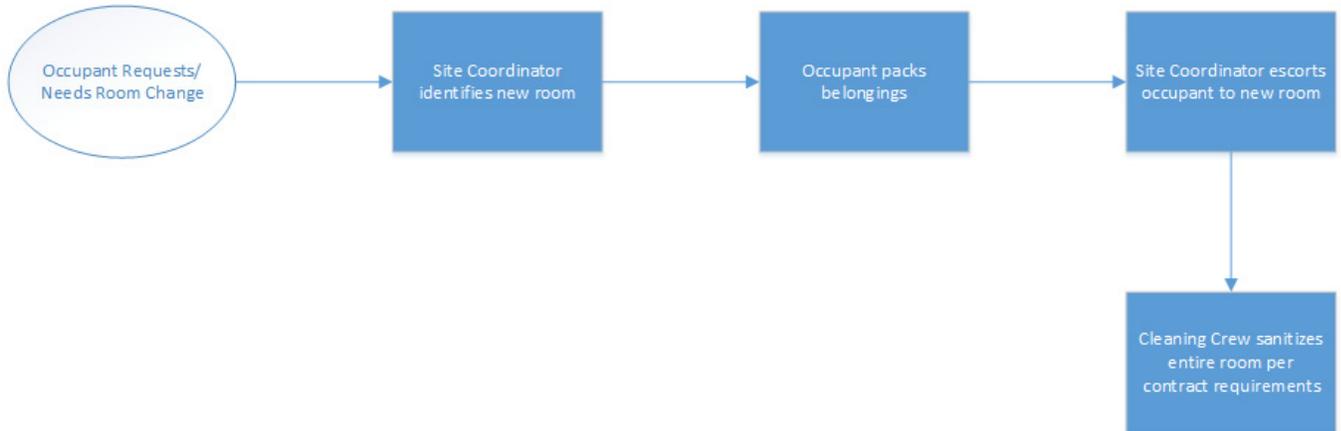
# Appendix M – Guest Delivery

## Process Details on Pg. 38



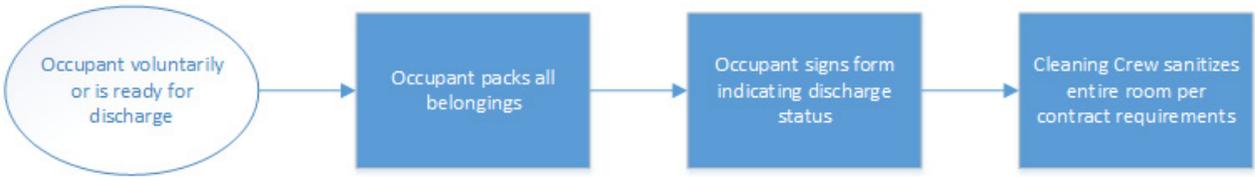
# Appendix N – Occupant Transfer

## Process Details on Pg. 38



# Appendix O – Occupant Discharge

## Process Details on Pg. 44



# Appendix P – Emergency Contact Form



## EMERGENCY CONTACT FORM

Name \_\_\_\_\_

Isolation Site Location \_\_\_\_\_

**Personal Contact Info:**

Home Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

**Emergency Contact Info:**

(1) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Work Telephone # \_\_\_\_\_ Employer \_\_\_\_\_

(2) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Work Telephone # \_\_\_\_\_ Employer \_\_\_\_\_

**Medical Contact Info:**

Doctor Name. \_\_\_\_\_ Phone # \_\_\_\_\_

I have voluntarily provided the above contact information and authorize \_\_\_\_\_ and its representatives to contact any of the above on my behalf in the event of an emergency.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# Appendix Q – Taking Care of Your Behavioral Health



## Taking Care of Your Behavioral Health: TIPS FOR SOCIAL DISTANCING, QUARANTINE, AND ISOLATION DURING AN INFECTIOUS DISEASE OUTBREAK

### What Is Social Distancing?

Social distancing is a way to keep people from interacting closely or frequently enough to spread an infectious disease. Schools and other gathering places such as movie theaters may close, and sports events and religious services may be cancelled.

### What Is Quarantine?

Quarantine separates and restricts the movement of people who have been exposed to a contagious disease to see if they become sick. It lasts long enough to ensure the person has not contracted an infectious disease.

### What Is Isolation?

Isolation prevents the spread of an infectious disease by separating people who are sick from those who are not. It lasts as long as the disease is contagious.

### Introduction

In the event of an infectious disease outbreak, local officials may require the public to take measures to limit and control the spread of the disease. This tip sheet provides information about **social distancing, quarantine, and isolation**. The government has the right to enforce federal and state laws related to public health if people

within the country get sick with highly contagious diseases that have the potential to develop into outbreaks or pandemics.

This tip sheet describes feelings and thoughts you may have during and after social distancing, quarantine, and isolation. It also suggests ways to care for your behavioral health during these experiences and provides resources for more help.

### What To Expect: Typical Reactions

Everyone reacts differently to stressful situations such as an infectious disease outbreak that requires social distancing, quarantine, or isolation. People may feel:

- **Anxiety, worry, or fear** related to:
  - Your own health status
  - The health status of others whom you may have exposed to the disease
  - The resentment that your friends and family may feel if they need to go into quarantine as a result of contact with you
  - The experience of monitoring yourself, or being monitored by others for signs and symptoms of the disease
  - Time taken off from work and the potential loss of income and job security
  - The challenges of securing things you need, such as groceries and personal care items

- **Concern** about being able to effectively care for children or others in your care
- **Uncertainty or frustration** about how long you will need to remain in this situation, and uncertainty about the future
- **Loneliness** associated with feeling cut off from the world and from loved ones
- **Anger** if you think you were exposed to the disease because of others' negligence
- **Boredom and frustration** because you may not be able to work or engage in regular day-to-day activities
- **Uncertainty or ambivalence** about the situation
- **A desire to use alcohol or drugs** to cope
- **Symptoms of depression**, such as feelings of hopelessness, changes in appetite, or sleeping too little or too much
- **Symptoms of post-traumatic stress disorder (PTSD)**, such as intrusive distressing memories, flashbacks (reliving the event), nightmares, changes in thoughts and mood, and being easily startled

If you or a loved one experience any of these reactions for 2 to 4 weeks or more, contact your health care provider or one of the resources at the end of this tip sheet.

## Ways To Support Yourself During Social Distancing, Quarantine, and Isolation

### UNDERSTAND THE RISK

Consider the real risk of harm to yourself and others around you. The public perception of risk during a situation such as an infectious disease outbreak is often inaccurate. Media coverage may create the impression that people are in immediate danger when really the risk for infection may be very low. Take steps to get the facts:

- Stay up to date on what is happening, while limiting your media exposure. Avoid watching or listening to news reports 24/7 since this tends to increase anxiety and worry. Remember that children are especially affected by what they hear and see on television.
- Look to credible sources for information on the infectious disease outbreak (see page 3 for sources of reliable outbreak-related information).

### BE YOUR OWN ADVOCATE

Speaking out about your needs is particularly important if you are in quarantine, since you may not be in a hospital or other facility where your basic needs are met. Ensure you have what you need to feel safe, secure, and comfortable.

- Work with local, state, or national health officials to find out how you can arrange for groceries and toiletries to be delivered to your home as needed.
- Inform health care providers or health authorities of any needed medications and work with them to ensure that you continue to receive those medications.

### EDUCATE YOURSELF

Health care providers and health authorities should provide information on the disease, its diagnosis, and treatment.

- Do not be afraid to ask questions—clear communication with a health care provider may help reduce any distress associated with social distancing, quarantine, or isolation.
- Ask for written information when available.
- Ask a family member or friend to obtain information in the event that you are unable to secure this information on your own.

### WORK WITH YOUR EMPLOYER TO REDUCE FINANCIAL STRESS

If you're unable to work during this time, you may experience stress related to your job status or financial situation.

- Provide your employer with a clear explanation of why you are away from work.
- Contact the U.S. Department of Labor toll-free at 1-866-4USWAGE (1-866-487-9243) about the Family and Medical Leave Act (FMLA), which allows U.S. employees up to 12 weeks of unpaid leave for serious medical conditions, or to care for a family member with a serious medical condition.
- Contact your utility providers, cable and Internet provider, and other companies from whom you get monthly bills to explain your situation and request alternative bill payment arrangements as needed.
- If approved by health authorities and your health care providers, arrange for your friends and loved ones to bring you newspapers, movies, and books.
- Sign up for emergency alerts via text or email to ensure you get updates as soon as they are available.
- Call SAMHSA's free 24-hour Disaster Distress Helpline at 1-800-985-5990, if you feel lonely or need support.
- Use the Internet, radio, and television to keep up with local, national, and world events.
- If you need to connect with someone because of an ongoing alcohol or drug problem, consider calling your local Alcoholics Anonymous or Narcotics Anonymous offices.

### Sources for Reliable Outbreak-Related Information

#### Centers for Disease Control and Prevention

1600 Clifton Road  
Atlanta, GA 30329-4027  
1-800-CDC-INFO (1-800-232-4636)  
<http://www.cdc.gov>

#### World Health Organization

Regional Office for the Americas of the World Health Organization  
525 23rd Street, NW  
Washington, DC 20037  
202-974-3000  
<http://www.who.int/en>

### CONNECT WITH OTHERS

Reaching out to people you trust is one of the best ways to reduce anxiety, depression, loneliness, and boredom during social distancing, quarantine, and isolation. You can:

- Use the telephone, email, text messaging, and social media to connect with friends, family, and others.
- Talk “face to face” with friends and loved ones using Skype or FaceTime.

### TALK TO YOUR DOCTOR

If you are in a medical facility, you may have access to health care providers who can answer your questions. However, if you are quarantined at home, and you're worried about physical symptoms you or your loved ones may be experiencing, call your doctor or other health care provider:

- Ask your provider whether it would be possible to schedule remote appointments via Skype or FaceTime for mental health, substance use, or physical health needs.
- In the event that your doctor is unavailable and you are feeling stressed or are in crisis, call the hotline numbers listed at the end of this tip sheet for support.

### USE PRACTICAL WAYS TO COPE AND RELAX

- Relax your body often by doing things that work for you—take deep breaths, stretch, meditate or pray, or engage in activities you enjoy.
- Pace yourself between stressful activities, and do something fun after a hard task.

- Talk about your experiences and feelings to loved ones and friends, if you find it helpful.
- Maintain a sense of hope and positive thinking; consider keeping a journal where you write down things you are grateful for or that are going well.

## After Social Distancing, Quarantine, or Isolation

You may experience mixed emotions, including a sense of relief. If you were isolated because you had the illness, you may feel sadness or anger because friends and loved ones may have unfounded fears of contracting the disease from contact with you, even though you have been determined not to be contagious.

The best way to end this common fear is to learn about the disease and the actual risk to others. Sharing this information will often calm fears in others and allow you to reconnect with them.

If you or your loved ones experience symptoms of extreme stress—such as trouble sleeping, problems with eating too much or too little, inability to carry out routine daily activities, or using drugs or alcohol to cope—speak to a health care provider or call one of the hotlines listed to the right for a referral.

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If you are feeling overwhelmed with emotions such as sadness, depression, anxiety, or feel like you want to harm yourself or someone else, call 911 or the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255).

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## Helpful Resources

### Hotlines

#### SAMHSA's Disaster Distress Helpline

Toll-Free: 1-800-985-5990 (English and español)

SMS: Text TalkWithUs to 66746

SMS (español): "Hablanos" al 66746

TTY: 1-800-846-8517

Website (English): <http://www.disasterdistress.samhsa.gov>

Website (español): <http://www.disasterdistress.samhsa.gov/espanol.aspx>

#### SAMHSA's National Helpline

Toll-Free: 1-800-662-HELP (24/7/365 Treatment Referral

Information Service in English and español)

Website: <http://www.samhsa.gov/find-help/national-helpline>

#### National Suicide Prevention Lifeline

Toll-Free (English): 1-800-273-TALK (8255)

Toll-Free (español): 1-888-628-9454

TTY: 1-800-799-4TTY (4889)

Website (English): <http://www.suicidepreventionlifeline.org>

Website (español): <http://www.suicidepreventionlifeline.org/gethelp/spanish.aspx>

### Treatment Locator

#### Behavioral Health Treatment Services Locator

Website: <http://findtreatment.samhsa.gov/locator/home>

#### SAMHSA Disaster Technical Assistance Center

Toll-Free: 1-800-308-3515

Email: [DTAC@samhsa.hhs.gov](mailto:DTAC@samhsa.hhs.gov)

Website: <http://www.samhsa.gov/dtac>

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*\*Note: Inclusion or mention of a resource in this fact sheet does not imply endorsement by the Center for Mental Health Services, the Substance Abuse and Mental Health Services Administration, or the U.S. Department of Health and Human Services.*

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(2014)

# Appendix R – Disaster Distress Helpline

**SAMHSA**

Substance Abuse and Mental Health  
Services Administration

5600 Fishers Lane • Rockville, MD 20857  
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)



## Disaster Distress Helpline

PHONE: 1-800-985-5990 TEXT: "TalkWithUs" to 66746

When disaster strikes, often people react with increased anxiety, worry and anger. With support from community and family, most of us are able to bounce back. However, some may need extra assistance to cope with unfolding events and uncertainties.

The **Disaster Distress Helpline (DDH)** is the nation's only hotline dedicated to providing year-round disaster crisis counseling. This toll-free, multilingual, crisis support service is available 24/7 via telephone (1-800-985-5990) and SMS (text 'TalkWithUs' to 66746) to residents in the U.S. and its territories who are experiencing emotional distress or other mental health concerns related to natural or human-caused disasters.

Callers and texters are connected with trained and caring professionals from a network of crisis centers across the country. Helpline staff provide supportive counseling, including information on common stress reactions and healthy coping, as well as referrals to local disaster-related resources for follow-up care and support.

Visit <http://disasterdistress.samhsa.gov> for additional information about the DDH and resources in disaster behavioral health. For any questions, or requests for free copies of DDH materials for distribution in any disaster-related or other community-based setting, email [ddh@vibrant.org](mailto:ddh@vibrant.org).

### **Disaster Distress Helpline: 1-800-985-5990**

- Available 24 hours a day, 7 days a week, year-round
- Toll-free
- 3<sup>rd</sup>-party interpretation services are available to connect crisis counselors and callers in 100+ languages
- Direct crisis counseling in Spanish available 24/7 via "press 2" hotline option
- TTY: 1-800-846-8517; individuals who are deaf, hard of hearing or who have a speech disability may also use the texting option or a preferred *relay* 3<sup>rd</sup>-party service provider to connect with the toll-free hotline

### **SMS: Text 'TalkWithUs' to 66746**

- Available 24 hours a day, 7 days a week, year-round
- Standard text messaging / data rates apply (according to each subscriber's mobile provider plan)
- Spanish-speakers in the U.S. can text 'Hablamos' to 66746 to be connected with a bilingual DDH crisis counselor
- From Puerto Rico, text 'TalkWithUs' (for English) or 'Hablamos' (for Spanish) to 1-787-339-2663

Behavioral Health is Essential to Health • Prevention Works • Treatment is Effective • People Recover



# Appendix T – Isolation Site Daily Security Log Form



## Isolation Site Daily Security Log

Date:		Location:			
Guard Name:		Badge Number?	Time In:	Time Out:	
Items No. 1 through 15 must be checked (x) Yes or No. Items checked Yes must be explained		Time	Remarks		
	Yes	No	Were There Any		
1			New Instructions Received		
2			Fire Doors, Exits Blocked		
3			Other Fire Hazards		
4			Security, Exit Lights Out		
5			Other Safety Hazards		
6			Equipment Left on		
7			Window, Doors Unlocked		
8			Suspicious Activity		
9			Room Doors left Open		
10			Property Damage		
11			Smoking Violations		
12			Defective Equipment		
13			Occupant Compliance Issues		
14			Police Dept. Contacted		
15			Other Contacts or Issues		
Security Guard's Signature					
Attachments?					
Yes		No			

# Appendix U – Delivery to Occupant Slip

Occupant's Name:	Date/Time:
Delivered by:	Items:
<p>"I understand that any items I bring to the isolation facility are my responsibility, and the isolation facility is in no way responsible for lost, missing, stolen, or damaged items."</p>	
SIGN: _____ (DELIVERED) _____	SIGN: _____ (RECEIVED) _____
Occupant's Name:	Date/Time:
Delivered by:	Items:
<p>"I understand that any items I bring to the isolation facility are my responsibility, and the isolation facility is in no way responsible for lost, missing, stolen, or damaged items."</p>	
SIGN: _____ (DELIVERED) _____	SIGN: _____ (RECEIVED) _____

\*\*\* PRINT ON 8 1/2 X 11" 3-part Collated Paper (WHITE: KEEP / YELLOW: OCCUPANT / PINK: INDIVIDUAL WHO IS DROPPING OFF ITEM)\*\*\*

# Appendix V – Isolation Site Background Check Process

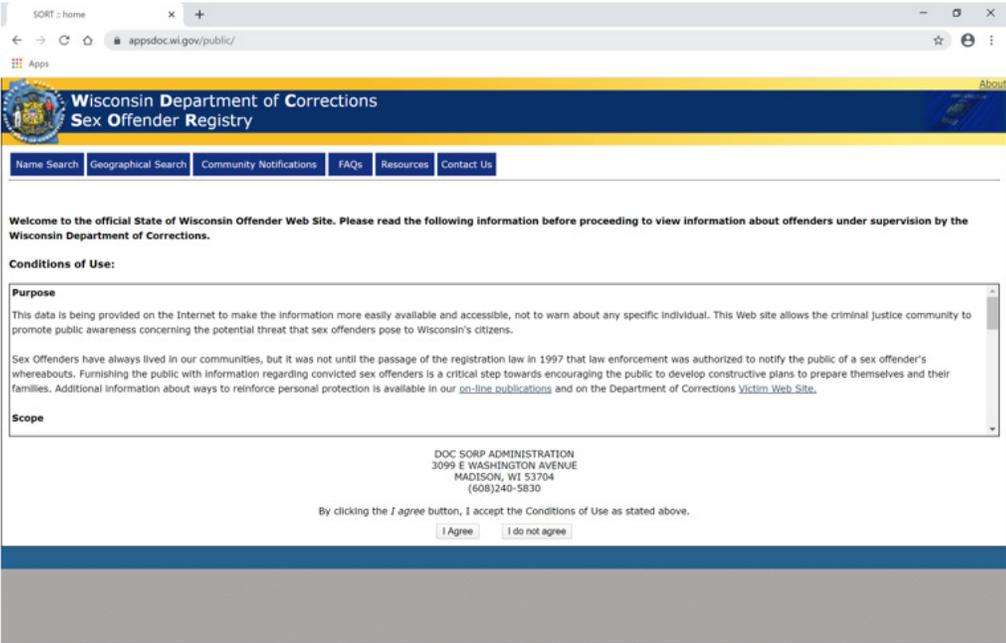


**ISOLATION SITE BACKGROUND CHECK PROCESS**

**WISCONSIN SEX OFFENDER REGISTRY REVIEW**

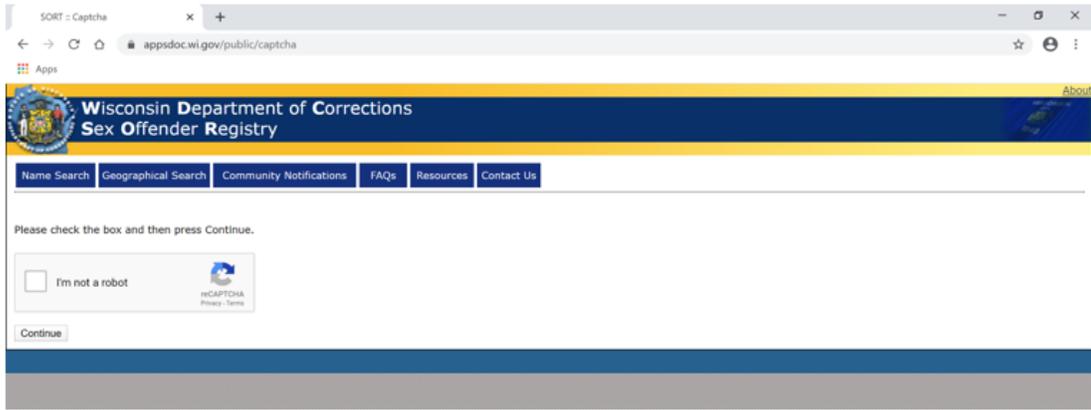
**Go to the Wisconsin Department of Corrections Sex Offender Registry**

Go to <https://appsdoc.wi.gov/public/>

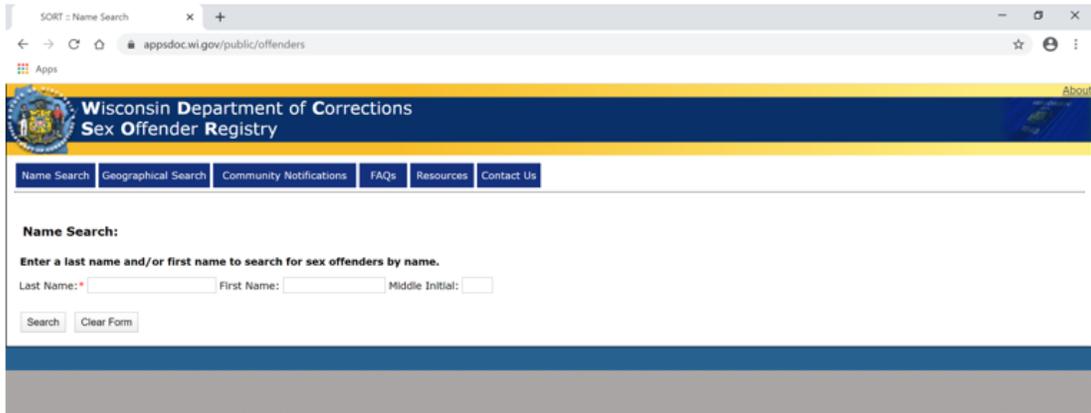


The screenshot shows the Wisconsin Department of Corrections Sex Offender Registry website. The page title is "Wisconsin Department of Corrections Sex Offender Registry". The navigation menu includes "Name Search", "Geographical Search", "Community Notifications", "FAQs", "Resources", and "Contact Us". The main content area contains a welcome message and a "Conditions of Use" section. The "Conditions of Use" section includes a "Purpose" section with the following text: "This data is being provided on the Internet to make the information more easily available and accessible, not to warn about any specific individual. This Web site allows the criminal justice community to promote public awareness concerning the potential threat that sex offenders pose to Wisconsin's citizens." and a "Scope" section. At the bottom of the "Conditions of Use" section, there is a statement: "By clicking the I agree button, I accept the Conditions of Use as stated above." and two buttons: "I Agree" and "I do not agree".

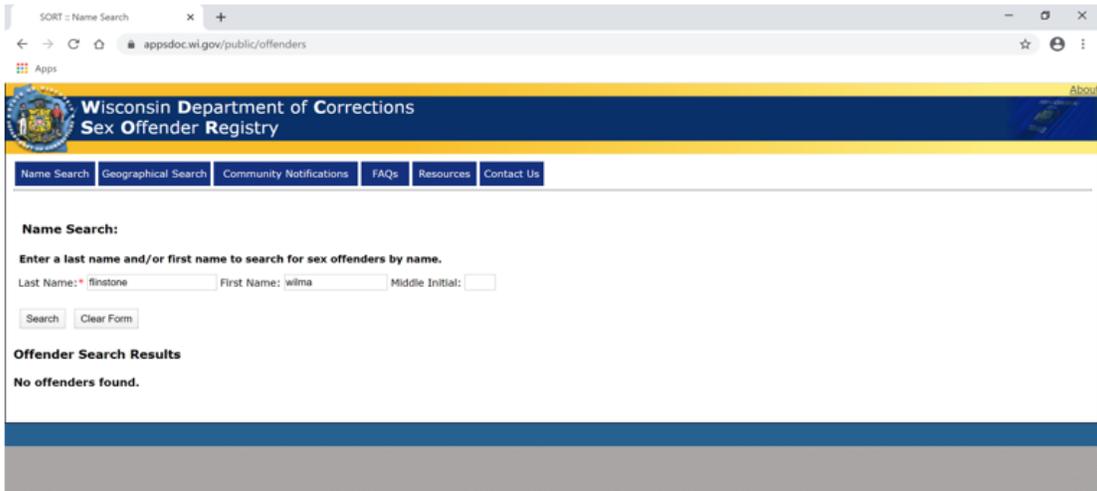
Click "I Agree"



Click "I'm not a robot" and Continue



Enter the occupant's information: Last name, First Name, Middle Name or Initial and click search  
|



Results will appear on the bottom of the screen.

**Criteria that you are looking for...**

Anyone listed in the Sex Offender Registry is not allowed in the isolation site.

## WISCONSIN CIRCUIT COURT (CCAP) REVIEW

### Go to the Wisconsin Circuit Court Website

- Go to <https://wcca.wicourts.gov/case.html>

The screenshot shows a web browser window displaying the Wisconsin Circuit Court Access website. The page title is "Wisconsin Circuit Court Access" and the URL is "wcca.wicourts.gov/case.html". The page features a navigation menu with "Search", "Calendar", "Pay fees", "Reports", and "Help". Below the navigation menu is a "Case search" section. It includes a link to learn about recent changes, a "Party name" section with input fields for "Last name", "First name", and "Middle name", a checked checkbox for "When searching using a middle name, also show parties without a middle name.", a "Birth date" section with an input field for "MM-DD-YYYY" and a checked checkbox for "When searching using a birth date, also show parties without a birth date.", a "Business name" section with an input field, a "County" dropdown menu set to "Statewide", and a "Case number" input field. There are "Search" and "Reset" buttons at the bottom of the search section. The footer contains links for "Technical problems? Contact us", "Notices and disclosures", "Public records on the internet", and "Data extraction op".

- Enter the occupant's information: Last name, First Name, Middle Name or Initial (and make sure the box "When searching using a middle name, also show parties without a middle name" is checked).
- Click the Search button

The screenshot shows the Wisconsin Circuit Court Access website. The search results section displays the following information:

- Search criteria: Last name: flinstone, First name: wilma
- Results: Showing 0 to 0 of 0 entries
- Table headers: Case number, Filing date, County name, Case status, Name, Date of birth, Caption
- Search filters: Search Case number..., Search Filing date..., All (County name), All (Case status), Search Name..., Search Date of birth..., Search Caption...
- Result: No records found

Below the search results, there is a checkbox:

Your search results will appear, and you will be able to review the material to see if the occupant has any background which would prevent them from coming to the isolation center.

**Criteria that you are looking for...**

Acceptance and entry to an Isolation Facility should be denied to those convicted of a crime involving danger to property or persons. As some local communities might have a variety of sources for Isolation Facilities, including Universities, our guidance is all inclusive to cover specific State Statutes references and other documentation that need to be followed. Below is the denial criteria that should be considered:

Defined in UWS 18.11 (Published under s. 35.93, Wis. Stats., by the Legislative Reference Bureau), crimes involving danger to property or persons shall mean:

- Any crime defined in ch. 940, Stats. (crimes against life and bodily security);
- s. 941.12, Stats. (interfering with firefighting);
- s. 941.13, Stats. (false alarms);
- s. 941.20, Stats. (endangering safety by use of dangerous weapon);
- s. 941.21, Stats. (disarming a peace officer);
- s. 941.23, Stats. (carrying concealed weapon);
- s. 941.235, Stats. (carrying firearm in public building);

- s. 941.24, Stats. (possession of switchblade knife);
- s. 941.26, Stats. (machine guns and other weapons);
- s. 941.28, Stats. (possession of short-barreled shotgun or short-barreled rifle);
- s. 941.29, Stats. (possession of firearm);
- s. 941.295, Stats. (possession of electric weapon);
- s. 941.30, Stats. (recklessly endangering safety);
- s. 941.32, Stats. (administering dangerous or stupefying drug);
- s. 941.37, Stats. (obstructing emergency or rescue personnel);
- s. 943.01, Stats. (criminal damage to property);
- s. 943.02, Stats. (arson of buildings; damage of property by explosives);
- s. 943.03, Stats. (arson of property other than building);
- s. 943.05, Stats. (placing of combustible materials);
- s. 943.06, Stats. (Molotov cocktails);
- s. 943.10, Stats. (burglary);
- s. 943.11, Stats. (entry into locked vehicle);
- s.943.14, Stats. (criminal trespass to dwellings);
- s.943.32, Stats. (robbery);
- s. 944.20, Stats. (lewd and lascivious behavior);
- s. 946.41, Stats. (resisting or obstructing officer);
- s. 947.015, Stats. (bomb scares);
- s. 167.10, Stats. (fireworks regulated);
- or attempts to commit any of the above crimes as defined in s. 939.32, Stats.

To be extra specific, neither staff nor occupants can be a violent offender nor a sex offender. For the purposes of this type of facility, a violent offense includes each of the following crimes, or any substantially similar offense to those listed:



<ul style="list-style-type: none"> <li>• Capital murder</li> <li>• Murder</li> <li>• Manslaughter</li> <li>• Criminally negligent homicide</li> <li>• Assault I</li> <li>• Assault II</li> <li>• Compelling street gang membership</li> <li>• Kidnapping I</li> <li>• Kidnapping II</li> <li>• Rape I</li> <li>• Rape II</li> <li>• Sodomy I</li> <li>• Sodomy II</li> <li>• Sexual torture</li> <li>• Sexual abuse I</li> </ul>	<ul style="list-style-type: none"> <li>• Soliciting a child by computer</li> <li>• Domestic violence I</li> <li>• Domestic violence II</li> <li>• Burglary I</li> <li>• Burglary II</li> <li>• Burglary III</li> <li>• Arson I</li> <li>• Criminal possession of explosives</li> <li>• Extortion I</li> <li>• Robbery I</li> <li>• Robbery II</li> <li>• Robbery III</li> <li>• Pharmacy robbery</li> <li>• Terrorist threats</li> <li>• Escape I</li> </ul>	<ul style="list-style-type: none"> <li>• Intimidating a witness</li> <li>• Intimidating a juror</li> <li>• Treason</li> <li>• Discharging a weapon into an occupied building, dwelling, automobile, etc.</li> <li>• Promoting prostitution</li> <li>• Production of obscene matter involving a minor</li> <li>• Trafficking</li> <li>• Child abuse</li> <li>• Elder abuse</li> <li>• Terrorism</li> </ul>
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<ul style="list-style-type: none"> <li>• Enticing a child to enter a vehicle for immoral purposes</li> <li>• Stalking</li> <li>• Aggravated stalking</li> </ul>	<ul style="list-style-type: none"> <li>• Promoting prison <u>contraband</u> pursuant to Section 13A-10-36, involving a deadly weapon or dangerous instrument.</li> </ul>	<ul style="list-style-type: none"> <li>• Hindering prosecution for terrorism</li> </ul>
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**The reason that the above offenses are considered violent offenses is because the Commission has determined that they meet at least one of the following criteria:**

1. The offense has as an element, the use, attempted use, or threatened use of a deadly weapon or dangerous instrument or physical force against the person of another.
2. Involves a substantial risk of physical injury against the person of another.
3. The offense is a nonconsensual sex offense.
4. The offense is particularly reprehensible.

The offense includes an attempt, conspiracy, or solicitation to commit a violent offense.

Anyone listed with this criteria is not allowed in the isolation site.

# Appendix W – Temperature Check Standard Operating Procedure



## COVID-19 Temperature Check Standard Operating Procedure

### **At the Beginning of the Shift:**

- Check the accuracy of the IR Forehead Scanner with the Oral Thermometer
- Check to make sure that there are enough gloves and probe covers
- Wipe the cart/table area down with Sanitary wipes

### **Mid Shift:**

- Check the accuracy of the IR Forehead Scanner with the Oral Thermometer
- Wipe the cart/table area down with Sanitary wipes

### **End of Day Shift:**

- Take batteries out of the IR Scanners and Oral Thermometers
- Place all the daily rosters in a common location for medical staff
- Organize and restock supplies for the morning

### **As Staff members Arrive for their Shifts:**

1. Ask the individual to read the questions on the COVID-19 Temperature Check Question Checklist and let you know if they can respond to any of them with a “Yes”
2. Ask the individual their First Name, Last Name, Role at the Facility and record in the information in the roster.
3. Take the person’s temperature. (IR-Primary, Oral-Secondary)
  - a. Infrared Forehead Scanner the temperature range is 97.0-99.0. If outside the range, check with the Oral Thermometer.
  - b. When using the Oral Thermometer wear a glove on the hand that is placing the probe in the person’s mouth.
  - c. Record the staff member’s temperature in the roster (Appendix Z)
  - d. Change your gloves, sanitize your hands, and wipe the thermometers every 15 people.

4. If the person's temperature is over 100.0 with the Oral Thermometer or they answer "Yes" to any of the questions in the Checklist noted in Step 1 above then perform the following steps:
  - a. Hand the individual a face mask with a gloved hand.
  - b. Instruct the individual not to touch anything (put hands in their pockets)
  - c. Screener should change their glove and sanitize hands
  - d. Remove person through closest exit
  - e. Contact Medical Screening staff for secondary screen
  - f. Conduct secondary screening
  - g. If cleared by secondary screening allow them to report to duty
  - h. If individual is suspected to have symptoms associated with COVID-19, instruct individual to leave the building and contact their supervisor or chain of command for further isolation guidance
  - i. Once the individual has left the building clean all door handles, hard surfaces, and anything else that they might have come in contact with
  - j. Report list of staff members with symptoms to the State Emergency Operations Center (SEOC) Liaison
  
5. If the person has cleared the temperature check and has no "Yes" answers to the question checklist them hand them a day pass.
  - a. Check everyone going through to make sure they have today's pass.

# Appendix X – Temperature Check Question Checklist



## COVID-19 Temperature Check Question Checklist

1. Have you had a fever in the last 24 hours?
2. Have you had a cough in the last 24 hours?
3. Have you had difficulty breathing in the last 24 hours?
4. Have you had any unexplained body aches in the last 24 hours?
5. Have you taken any medications that would reduce a fever? (Tylenol, Ibuprofen, Acetaminophen, etc.)

# Appendix Y- Isolation Site Lease Template

## ISOLATION SITE LEASE- Template

**THIS LEASE** is made and entered into by and between:

\_\_\_\_\_ (the "Lessor"), whose business address is  
\_\_\_\_\_; and  
\_\_\_\_\_ (the "Lessee").

**WHEREAS**, on March 12, 2020 Governor Evers declared a public health emergency ("Executive Order #72") in response to the COVID-19 pandemic;

**WHEREAS**, the Department of Health Services and Lessee anticipate a need to provide isolation sites for persons with a confirmed case of COVID-19 and/or symptomatic persons with a known close contact with a confirmed case of COVID-19; and

**WHEREAS**, Lessor owns a facility suitable for such purposes and is willing to lease such facility to Lessee as set forth herein;

**NOW, THEREFORE**, the parties hereto for the considerations hereinafter mentioned covenant and agree as follows:

1. **PREMISES.** Lessor hereby leases to Lessee and Lessee leases from Lessor the following (the "Premises"):

Approximately \_\_\_\_\_ square feet of space in Lessor's building, comprised of \_\_\_ guestrooms together with all appurtenances and access to common areas, located at \_\_\_\_\_ in the City of \_\_\_\_\_ (the "Building"). ***[If needed, include further specification of the leased Premises or attach floor/site plans].***

2. **TERM.** The Lease term shall commence upon the latter of: (1) execution of this Lease by both parties, and (2) occupation of the Premises by Lessee. The Lease shall continue until the date on which Lessee has ceased occupancy and completed its obligations under this Lease and is ready to return the Premises to Lessor, provided, however, that Lessee shall provide written notice to Lessor prior to ceasing occupancy.
3. **USE OF PREMISES.** Except as otherwise authorized in writing by Lessor, Lessee shall use the Premises as an isolation site for persons with a confirmed case of COVID-19 and/or symptomatic persons with a known close contact with a confirmed case of COVID-19.
4. **PROCESSING OF RENT OR OTHER PAYMENT OBLIGATIONS.** It is understood by Lessor that all payment obligations under this Lease (including rent) may be (1) paid directly by Lessee and/or (2) submitted to the Wisconsin Department of Health Services ("DHS"), Federal Emergency Management Agency ("FEMA"), or other state or federal agency for payment or reimbursement. If Lessee is a local health department under Wisconsin law,<sup>4</sup> then it may transmit all invoices or other payment

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<sup>4</sup> Pursuant to s. 250.01(4), Wis. Stats., "local health department" means any of the following:

(a) In a county with a population of less than 750,000, any of the following:

1. A county health department established under s. 251.02 (1), including a county health department whose powers and duties are transferred to a county department of human services under s. 46.23 (3) (b) 1. c.
2. A city-county health department established under s. 251.02 (1m).

obligations owed under this Lease to DHS in accordance with DHS guidelines for reimbursement of expenses incurred pursuant to Wis. Stat. s. 20.435(1)(c). If Lessee is not a local health department under Wisconsin law, then it may delegate payment obligations under this Lease to a local health department for reimbursement in the manner set forth herein.

5. **RENT.** The parties understand and acknowledge that Lessee's need for the Premises arises out of the extraordinary circumstances presented by the COVID-19 public health emergency, and that Lessor may incur certain costs as a result of leasing the Premises to Lessee. Lessee agrees to pay the rent at a rate of \$ \_\_\_\_\_ per week, which Lessor represents to be equal to or less than the actual and opportunity costs it reasonably expects to incur during the term of the Lease as a result of Lessee's use of the Premises. Lessor shall submit invoices weekly or at such longer intervals as Lessor and Lessee shall mutually agree, and Lessor shall follow all instructions from Lessee to facilitate coordination of Lessee's payment of rent to Lessor. Lessor shall comply with all requests by Lessee for additional documentation. Lessee will promptly process, or transmit to another state or federal agency for processing, all properly submitted invoices for payment. Once an invoice is reviewed and approved for payment, in whole or in part, the amount approved shall be promptly paid to Lessor.

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3. A city health department that was established before January 1, 1994, or that withdraws under s. 251.15(2) or, as a city-city local health department established under s. 251.02 (3t), that withdraws under s. 251.15 (2m).

4. A village or town health department under s. 251.02 (3m).

5. A multiple municipal local health department established under s. 251.02 (3r).

6. A city-city health department established under s. 251.02 (3t).

(b) In a county with a population of 750,000 or more, a city, village, or multiple municipal health department established under s. 251.02 (2).

(c) A multiple county health department established under s. 251.02 (3).

6. **RESIDENTIAL REQUIREMENTS AND AMENITIES.** Unless as otherwise agreed to by the parties in writing, responsibility for providing the following services and amenities shall be as set forth in the following table:

<b>Service or Amenity</b>	<b>Priority</b>	<b>Responsible Party</b>
Beds	Required	Lessor
Guestroom Furniture	Required	Lessor
Private Bath	Required	Lessor
Laundry Equipment	Required	Lessor
Laundry Services	Required	Lessee or Lessee's designee
Laundry Infection Control Services/Protocols	Required	Lessee or Lessee's designee
Cleaning services	Required	Lessee or Lessee's designee
Personal Care Kit (soap, toothbrush, etc.)	Required	Lessor
Towels and linens	Required	Lessor
Pillows	Required	Lessor
Mattress pads/protectors	As needed, upon request	Lessor
Food Services	Required	Lessee or Lessee's designee
Garbage collection	Required	Lessor
PPE for support staff	Required	Lessee or Lessee's designee
Residential policies	Required	Lessee or Lessee's designee
Security Personnel	Required	Lessee or Lessee's designee
Medical staff and health workers	As needed	Lessee or Lessee's designee
Social worker	As needed	Lessee or Lessee's designee
Mental health, emotional and spiritual services	As needed	Lessee or Lessee's designee
Emergency Medical Equipment (AED)	Highly desired	Lessor
Network/WiFi	Required	Lessor
Room Refrigerator	As needed, upon request	Lessor
Landline telephone with service	As needed, upon request	Lessor
Television	As needed, upon request	Lessor

7. **FACILITY PREPARATION.** Upon commencement of the Lease term, Lessee and Lessor shall work cooperatively to provide for an orderly building operational transition from Lessor to Lessee, including key card access training and distribution, protocols for maintenance, and logistical concerns. The parties will make all reasonable efforts to complete such work prior to using the Premises for the purposes set forth in this Lease.
  
8. **ASSIGNMENTS, DELEGATION, SUBLETTING.** Lessee may delegate obligations under this Lease to a local health department, as defined by Wis. Stat. s. 250.01(4), or to another state or federal governmental agency. Lessee shall not otherwise assign this Lease or sublet the Premises without prior written approval of Lessor, which shall not be unreasonably withheld.
  
9. **COVENANTS OF LESSOR.** Lessor hereby covenants and agrees with Lessee as follows:
  - a) Lessor warrants that Lessee shall have quiet use and enjoyment of the Premises; that Lessor has complete interest, right in and title to the Premises so as to enable Lessor to enter into this Lease; and that the Premises is not encumbered in any way so as to hinder or obstruct Lessee's proposed use thereof, including no encumbrance or obstruction due to existing easements, zoning ordinances or building restrictions. Lessor shall obtain a certificate of occupancy or any other authorizations required by local ordinance or regulations prior to Lessee's occupancy.

- b) Lessor shall duly carry out the various obligations and duties imposed upon it at the time and in the manner called for by this Lease.
- c) Lessor shall maintain, at Lessor's expense, the Premises so as to comply with all federal, state and local codes applicable to the Premises. Lessor agrees to complete, at Lessee's cost and expense, any reasonable improvements to the Premises which the Lessee requests to improve the health, safety and security of the Premises that are in excess of code requirements.
- d) Lessor shall authorize Lessee to operate Lessor's existing security system and shall provide training thereon to allow for Lessee to comply with its obligations herein.
- e) In connection with the performance of work under this Lease, Lessor agrees not to discriminate against any employee or applicant for employment because of age, race, religion, color, handicap, sex, physical condition, developmental disability as defined in s. 51.01(5), sexual orientation, or national origin. This provision shall include, but not be limited to, the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation and selection for training, including apprenticeship. Except with respect to sexual orientation, Lessor further agrees to take affirmative action to ensure equal employment opportunities. Lessor agrees to post in conspicuous places, available for employees and applicants for employment, notices to be provided by Lessee, setting forth the provisions of the non-discrimination clause. In addition to the provisions set forth in this subparagraph (e), to the extent that any tenant improvements require Lessor's performance of any construction work such that this Lease constitutes a federally assisted construction contract as set forth in

41 CFR Part 60-1.3 the parties hereto incorporate by reference the equal opportunity clause requirements of 41 CFR § 60-1.4(b).

- f) The Lessor as part of this Lease certifies that to the best of its knowledge both the Premises and the Building of which the Premises are a part do not contain any asbestos bearing material which is unsafe or which is not encapsulated. If during the Lessee's occupancy of the Premises such asbestos bearing material is found, and the Lessor has been notified by the Lessee that such asbestos bearing material exists, the Lessor shall within fourteen (14) days after receipt of such notice, be required to take such action as may be necessary to encapsulate or remove the asbestos bearing material. Upon determination that unsafe or un-encapsulated asbestos bearing material exists, Lessee may at its option, either vacate the Premises until such time as the material has been encapsulated or removed to the satisfaction of the Lessee, or vacate the Premises and terminate this Lease. If Lessee vacates the Premises during the encapsulation or removal process, Lessor shall reimburse Lessee for all move related costs and rent shall abate for the period of Lessee's non-occupancy. In the event the Lessor fails to encapsulate or remove the asbestos bearing material within the time specified, Lessee may vacate the Premises and terminate this Lease, and Lessor shall thereafter not have any claim against Lessee on account of Lessee's termination.
- g) For the purposes of this Lease, "Hazardous Materials, Substances, or Air Pollutants" shall include, but not be limited to any and all substances, materials, waste, or air pollutants determined currently or in the future as hazardous or capable of posing a risk of injury to health, safety, or property by any Federal, State, or local statute, law, ordinance, code, rule, regulation, order, or decree.

Lessor attests that the Premises are free of any hazardous materials, substances, or air pollutants as defined above, and Lessor will now and forever after the termination of this Lease hold Lessee harmless and indemnify Lessee from and against any and all claims, liability, damages or costs arising from or due to the presence of hazardous materials, substances, or air pollutants as defined above, except liability resulting from Lessee's use and occupancy of the Premises.

If during Lessee's occupancy of the Premises such hazardous materials, substances, or air pollutants are found, Lessor shall as soon as possible after receipt of notice take such action as may be necessary to render the Premises safe.

Upon determination by Lessee that unsafe hazardous materials, substances, or air pollutants as defined above affecting the Lessee's quiet enjoyment of the Premises exists, Lessee may either vacate the Premises until such time as the hazardous materials, substances, or air pollutants have been repaired or remediated to the satisfaction of Lessee, or vacate the Premises and terminate this Lease. If Lessee vacates the Premises during the repair or remediation process, Lessor shall reimburse Lessee for all related or relocation costs and rent shall abate for the period of Lessee's non-occupancy. In the event the Lessor fails to repair or remediate the hazardous materials, substances, or air pollutants as soon as practicable as determined by Lessee, Lessee may vacate the Premises and terminate this Lease, and Lessor shall thereafter not have any claim against Lessee on account of Lessee's termination.

Lessor will immediately advise Lessee in writing of any actions or claims relating to any hazardous materials, substances, or air pollutants on the Premises. If Lessor has

conducted or conducts any testing for hazardous materials, substances, or air pollutants on the Premises before or during the term of the Lease, then Lessor shall provide a copy of any test results to Lessee. Lessee, at its own expense, may also conduct such testing as it deems appropriate on the Premises.

- h) In the event of any water damage to the Premises and/or common areas, Lessor agrees to begin the process of addressing the damage within twelve (12) hours of discovery or notification, and shall cause any water damaged (saturated, water spotted and/or dirty) materials to be dry within forty eight (48) hours of the time of discovery of such damage. If such materials are not completely dry by the end of the 48 hour period, Lessee may require that the saturated materials (i.e. carpet, drywall, ceiling tiles, etc.) be removed from the Premises and immediately replaced with new materials of identical quality or better quality at Lessor's sole expense.
- i) Lessor agrees to provide prior notification and provision of material safety data sheets (MSDS) if applicable to Lessee when any construction, renovation, maintenance, repairs, remodeling or cleaning work will be done within the building of which the Premises are a part of by the Lessor, contractors or other representative of Lessor.
- j) Lessor covenants that it is not listed on the federal government-wide exclusions in the System for Award Management (SAM). To the extent that Lessor contracts with third parties to fulfill its obligations under this Lease Lessor shall not contract with any party listed on the federal government-wide exclusions in SAM.
- k) The default by Lessor of any covenant or agreement contained in any paragraph or provision of this Lease, shall constitute a material default of the Lease, and shall entitle Lessee to terminate this lease, PROVIDED, that prior to such termination, Lessee shall notify the Lessor in writing of the nature of the

default and shall grant the Lessor a period of five (5) days from the date of service of such notice to remedy or cease such act of default, and upon such remedy or cessation by Lessor within said five (5) days, Lessee shall waive the right to terminate for such default. In the event the act of default is such that it cannot be remedied within said five (5) day period, Lessee shall waive the right to terminate for such default if corrective actions are commenced within such period and diligently pursued to completion by Lessor. In addition to the default remedies set forth herein Lessee may pursue any other remedies available at law.

- l) Lessor shall be responsible for paying to taxing authority the real estate taxes and any assessments on the Premises.

**8. COVENANTS OF LESSEE.** Lessee hereby covenants and agrees with Lessor as follows:

- a) Lessee does hereby covenant, promise, and agree to duly comply with all provisions of this Lease at the time and in the manner herein provided.
- b) Lessee is responsible for the provision of all medical care to persons housed in the Premises.
- c) Lessee is responsible for the intake and check-out process for persons housed in the Premises, including screening to ensure such persons meet the medical criteria for isolation and determining when an individual is able to leave the Premises. No visitors will be allowed in the Premises.
- d) At the expiration of this Lease or any renewal thereof, Lessee will return the Premises to Lessor in as good condition as it was in at the time Lessee went into possession, ordinary wear and damage by the elements excepted. It is

mutually agreed, in consideration of sums to be paid and other conditions of this Lease, that Lessee shall not be responsible for damage to the Premises by fire.

- e) If Lessee fails to perform any obligation in this Lease and if Lessee fails to cure said failure within sixty (60) days after receipt of notice from Lessor of said failure (unless Lessee commences to cure said failure within sixty (60) days after receipt of notice thereof and expedite the curing of the same to completion with due diligence), then, in any of said cases and without waiving any claims for breach of agreement, Lessor may send written notice to Lessee of the termination of the term of this Lease, and, on the fifth (5<sup>th</sup>) day next following the date of the sending of the notice, the term of this Lease shall terminate, Lessee hereby waiving all rights of redemption. It is understood that the Lessee is responsible for coordinating County resources in response to the public health emergency as set forth in Executive Order #72, and that such coordination requires partnerships with a wide variety of state and local agencies to ensure full compliance with this Lease. Lessor understands that good-faith delays in obligations under this Lease may arise due to the extraordinary circumstances of this public health emergency and will work with Lessee to address delays and efforts to cure breaches prior to engaging in legal recourse or pursuing any monetary damages.
- f) Lessee agrees, at Lessee's discretion, that any Improvements to the Premises made by Lessor for the benefit of Lessee shall be the property of Lessor. Such improvements shall exclude personal property, at Lessee's discretion.

- 9. **INSURANCE.** Lessor agrees to procure and maintain, during the term of this lease, fire and casualty insurance for the building containing the Premises. Lessor also

agrees to procure and maintain, during the term of this lease, commercial general liability insurance in the amount of not less than **\$1.0 million each occurrence and \$2.0 million general aggregate**. Under all conditions noted above, general aggregate limits are to apply on a per location basis. In addition, Lessor shall provide upon signing of the lease a certificate of insurance to Lessee evidencing such coverage by date of occupancy.

10. **HOLD HARMLESS**. Lessor agrees to protect, indemnify and save the Lessee harmless from and against any and all claims, and against any and all loss, cost, damage or expense, including without limitation reasonable attorneys' fees, arising out of any negligent acts of Lessor, its invitees or agents, or any failure of Lessor in any respect to comply with and perform all the requirements and provisions of this Lease.
  
11. **MAINTENANCE**. Lessor shall maintain the Premises in good repair and tenantable condition, and as required by s. 704.07, Wis. Stats., throughout the term of this Lease, except in case of damage arising from a willful act or the negligence of the Lessee's officers, agents, employees or invitees. For the purpose of so maintaining the Premises, Lessor reserves the right at reasonable times to enter and inspect the Premises and to make any necessary repairs thereto, provided however, that Lessee may prevent Lessor from entering upon the Premises if, in Lessee's sole discretion, Lessor's presence poses a health and safety risk to any of Lessee's officers, employees, agents or invitees or to the general public. The parties agree to coordinate any maintenance needs, with the understanding that Lessor's maintenance staff may not be able to provide service in all areas unless provided with proper personal protective equipment. Daily guestroom maintenance will be exclusive responsibility of Lessee.

12. **DAMAGE OR DESTRUCTION.** In the event the Premises are partially damaged or destroyed by fire or other casualty or happening such that Lessee may continue to use a part of the Premises, Lessor shall, at Lessor's sole expense, promptly repair such damage and restore the Premises to its condition immediately prior to said damage or destruction. Should Lessor fail to complete said restoration within 60 days of the partial damage or destruction, Lessee may terminate this Lease.

In the event the Premises are damaged or destroyed such that Lessee is unable to occupy the Premises (untenantable) without undue hardship and/or disruption of its business, Lessee may elect to terminate this Lease by providing Lessor written notice of such termination within 14 days after such damage or destruction, and, in that event, all of Lessee's shall terminate as of the date of such damage or destruction.

13. **COMPLIANCE WITH THE DAVIS-BACON ACT.** Any construction work required under this agreement shall be done in compliance with the Davis-Bacon Act (40 U.S.C. 3141- 3144, and 3146-3148) and the requirements of 29 C.F.R. pt. 5 as may be applicable. Lessor shall comply with 40 U.S.C. 3141-3144, and 3146-3148 and the requirements of 29 C.F.R. pt. 5 as applicable. To the extent that the Davis-Bacon Act applies to this Lease, Lessor shall pay wages to laborers and mechanics at a rate not less than the prevailing wages specified in a wage determination made by the Secretary of Labor. Lessor shall pay such wages not less than once a week.

14. **COMPLIANCE WITH THE COPELAND "ANTI-KICKBACK" ACT.** Lessor shall comply with 18 U.S.C. § 874, 40 U.S.C. § 3145, and the requirements of 29 C.F.R. pt. 3 as may be applicable, which are incorporated by reference into this Lease. To the extent that Lessor contracts with third parties to perform its obligations under this Lease, Lessor shall insert in any such contracts the clause above and such other

clauses as FEMA may by appropriate instructions require, and also a clause requiring the subcontractors to include these clauses in any lower tier subcontracts. Lessor shall be responsible for the compliance by any contractor or lower-tier subcontractor with all of these contract clauses. In addition to the default remedies set forth in paragraph 9(h), a breach of the clauses in this paragraph may be grounds for termination of the Lease, and for debarment as a contractor and subcontractor as provided in 29 C.F.R. § 5.12.

**15. WORK HOURS AND SAFETY STANDARDS.** Lessor shall comply with the requirements of 40 U.S.C. ss. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5) (collectively, the “Federal Work Hours and Safety Standards”) as applicable. As applicable Lessor shall comply with the following as set forth in the Federal Work Hours and Safety Standards:

a) **Overtime requirements.** Neither Lessor nor any contractor or subcontractor contracting for any part of the Lease work which may require or involve the employment of laborers or mechanics shall require or permit any such laborer or mechanic in any workweek in which he or she is employed on such work to work in excess of forty hours in such workweek unless such laborer or mechanic receives compensation at a rate not less than one and one-half times the basic rate of pay for all hours worked in excess of forty hours in such workweek.

b) **Violation; liability for unpaid wages; liquidated damages.** In the event of any violation of subparagraph 15(a), Lessor or any contractor or subcontractor responsible therefor shall be liable for the unpaid wages. In addition, Lessor and such contractor and subcontractor shall be liable to the United States (in the case of work done under contract for the District of Columbia or a territory, to such District or to such territory), for liquidated damages. Such liquidated damages shall

be computed with respect to each individual laborer or mechanic, including watchmen and guards, employed in violation of this paragraph, in the sum of \$27 for each calendar day on which such individual was required or permitted to work in excess of the standard workweek of forty hours without payment of the overtime wages required by subparagraph 15(a).

- c) **Withholding for unpaid wages and liquidated damages.** Leesee shall upon its own action or upon written request of an authorized representative of the Department of Labor withhold or cause to be withheld, from any moneys payable on account of work performed by Lessor or contractor or subcontractor under any such contract or any other Federal contract with Lessor, or any other federally-assisted contract subject to the Contract Work Hours and Safety Standards Act, which is held by Lessor, such sums as may be determined to be necessary to satisfy any liabilities of Lessor or contractor or subcontractor for unpaid wages and liquidated damages as provided in subparagraph 15(b).
- d) Lessor or any contractor or subcontractor shall insert in any contracts or subcontracts the clauses set forth in subparagraphs 15(a)-(d) and also a clause requiring the contractors and subcontractors to include these clauses in any lower tier subcontracts. Lessor shall be responsible for compliance by any contractor or subcontractor or lower tier subcontractor with the clauses set forth in subparagraphs 15(a)-(d).

**16. CLEAN AIR ACT COMPLIANCE.**

- a) Lessor agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act, as amended, 42 U.S.C. § 7401 et seq.

- b) Lessor agrees to report each violation to Lessee and understands and agrees that the Lessee will, in turn, report each violation as required to assure notification to FEMA and the appropriate Environmental Protection Agency Regional Office.
- c) Lessor agrees to include these requirements in each contract or subcontract exceeding \$150,000 that may be financed in whole or in part with federal assistance provided by FEMA.

**17. FEDERAL WATER POLLUTION CONTROL ACT COMPLIANCE.**

- a) Lessor agrees to comply with all applicable standards, orders, or regulations issued pursuant to the Federal Water Pollution Control Act, as amended, 33 U.S.C. 1251 et seq.
- b) Lessor agrees to report each violation to Lessee and understands and agrees that Lessee will, in turn, report each violation as required to assure notification to the Federal Emergency Management Agency, and the appropriate Environmental Protection Agency Regional Office.
- c) Lessee agrees to include these requirements in each contract or subcontract exceeding \$150,000 that may be financed in whole or in part with federal assistance provided by FEMA.

**18. SUSPENSION AND DEBARMENT.**

- a) This Lease is a covered transaction for purposes of 2 C.F.R. pt. 180 and 2 C.F.R. pt. 3000. As such, Lessor is required to verify that none of the Lessor's principals (defined at 2 C.F.R. § 180.995) or its affiliates (defined at 2 C.F.R. § 180.905) are excluded (defined at 2 C.F.R. § 180.940) or disqualified (defined at 2 C.F.R. § 180.935).

- b) Lessor must comply with 2 C.F.R. pt. 180, subpart C and 2 C.F.R. pt. 3000, subpart C, and must include a requirement to comply with these regulations in any lower tier covered transaction it enters into.
- c) This certification is a material representation of fact relied upon by Lessee. If it is later determined that Lessor did not comply with 2 C.F.R. pt. 180, subpart C and 2 C.F.R. pt. 3000, subpart C, in addition to remedies available to Lessee, the Federal Government may pursue available remedies, including but not limited to suspension and/or debarment.
- d) Lessor agrees to comply with the requirements of 2 C.F.R. pt. 180, subpart C and 2 C.F.R. pt. 3000, subpart C throughout the period of this Lease. Lessor further agrees to include a provision requiring such compliance in its lower-tier covered transactions.

**19. BYRD ANTI-LOBBYING AMENDMENT, 31 U.S.C. § 1352 (AS AMENDED)**

**COMPLIANCE.** Lessor shall file the certification attached hereto as Exhibit A. Each tier certifies to the tier above that it will not and has not used federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, officer or employee of Congress, or an employee of a Member of Congress in connection with obtaining any Federal contract, grant, or any other award covered by 31 U.S.C. § 1352. Each tier shall also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures shall be forwarded from tier to tier up to Lessee who in turn will forward the certification(s) to FEMA.

**20. PROCUREMENT OF RECOVERED MATERIALS.** In the performance of this contract, Lessor shall make maximum use of products containing recovered materials that are EPA-designated items unless the product cannot be acquired competitively

within a timeframe providing for compliance with the Lease term, while meeting Lease performance requirements, or at a reasonable price. Information about this requirement, along with the list of EPA-designated items, is available at EPA's Comprehensive Procurement Guidelines web site, <https://www.epa.gov/smm/comprehensive-procurement-guideline-cpg-program>.

Lessor also agrees to comply with all other applicable requirements of Section 6002 of the Solid Waste Disposal Act.

**21. LIABILITY.** Each party is responsible for liability caused by the acts or omissions of its respective employees, agents and invitees, in the manner provided by Wisconsin law. Lessee expressly agrees to accept liability with respect to any personal injury or loss suffered by its employees, agents, and invitees, except to the extent such liability is directly caused by an act or omission of Lessor, its employees or agents.

**22. NOTICES.** Notice in writing referred to herein shall not be construed to mean personal notice, but such notice shall be given in writing, by email or by mail, by depositing the same in the post office or letter-box, in a postpaid envelope, addressed to the Lessor at Lessor's last known address, and such notice shall be deemed to be given at the time when the same shall be thus mailed. Such notices provided hereunder shall be addressed as follows:

If to Lessor: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rent to: Same

as above

If to Lessee: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**23. BROKERS.** Lessor and Lessee represent and warrant to each other that they have had no dealings with any broker or agent in connection with this Lease, and Lessor agrees to pay and hold Lessee harmless from any claims made by anyone for any compensation, commissions and charges claimed with respect to this Lease or the negotiations thereof.

**24. SUBORDINATION.** This Lease shall be subordinate to any and all mortgages hereafter placed against the Premises by Lessor, provided that any such mortgage (or a separate written agreement, in recordable form, from the mortgagee in favor of and delivered to the Lessee) contains provisions to the effect that, so long as this Lease shall remain in force, in any action to foreclose the mortgage, Lessee will not be made a party defendant, that Lessee's possession of the Premises will not be disturbed and that Lessee's Leasehold estate will not be affected, impaired, or terminated by any such action or proceeding or by any judgment, order, sale or conveyance made or rendered therein or pursuant thereto, so long as (at the time of the commencement of such action or foreclosure proceeding or during the pendency

thereof) Lessee is not in default under the terms, covenants, and conditions of this Lease beyond any grace period provided in this Lease for curing same.

- 25. FORCE MAJEURE.** In the event either party hereto shall be delayed or hindered in or prevented from the performance of any act required hereunder by reason of strikes, lockouts, labor troubles, inability to procure materials, failure of power, riots, insurrection, war, acts of God, inclement weather, public health emergency or other reason beyond that party's reasonable control, then performance of such act shall be excused for the period of the delay and the period for the performance of any such act shall be extended for a period equivalent to the period of such delay.
- 26. EMINENT DOMAIN.** In the event the entire Premises shall be appropriated or taken under the power of eminent domain by any public or quasi-public authority, this Lease shall terminate and expire as of the date of such taking, and Lessee shall then be released from any liability thereafter accruing under this Lease. In the event of the termination of this Lease by reason of the taking of the Premises by eminent domain, then in any such condemnation proceedings Lessor and Lessee shall be free to make claim against the condemning or taking authority for the amount of any damage done to them, respectively, as a result of the condemnation or taking.
- 27. WAIVER.** The rights and remedies of either party under this Lease, as well as those provided or accorded by law, shall be cumulative, and none shall be exclusive of any other rights or remedies hereunder or allowed by law. A waiver by either party of any breach or breaches, default or defaults, of the other party hereunder shall not be deemed or construed to be a continuing waiver of such breach or default nor as a waiver of or permission, expressed or implied, for any subsequent breach or default.
- 28. CHOICE OF LAW.** This Lease shall be governed by and construed and interpreted in accordance with the laws of the State of Wisconsin.

29. **EXECUTED LEASE.** This Lease when fully executed shall be binding upon the respective heirs, executors, administrators, successors, and assigns of the parties hereto.
30. **ENTIRE AGREEMENT.** This Lease constitutes the entire agreement between the parties with respect to its subject matter and constitutes and supersedes all prior agreements, representations and understandings of the parties, written or oral.

*[Signatures are on the following page]*

IN WITNESS WHEREOF, the parties have hereunto subscribed their names as of the date of the last signature below.

LESSEE:

\_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

*[Lessor Signature is on the following page]*

LESSOR:

\_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

## SCHEDULE I

The Lessor (subject to any different delineation of duties and reimbursement rights set forth above), shall furnish the following during the term of this Lease:

1. The environmental control system shall maintain a comfortable humidity level and temperatures as follows:

### Summer

76 Degrees (+/- 2<sup>o</sup>)  
50% Humidity Level (+/- 10%)  
5%)

### Winter

70 Degrees (+/- 2<sup>o</sup>)  
25% Humidity Level (+/-

2. Provide, maintain and service heating, air conditioning, plumbing and ventilating equipment as per manufacturers and/or installers recommendations.
3. Install and maintain fire extinguishers according to any governmental building code and Underwriters Laboratories (UL) recommendations.
4. Provide safe drinking water with hot and cold running water for restrooms, counter sinks and janitorial facilities. Such drinking water shall meet minimum State of Wisconsin Drinking Water Quality Standards.
5. Provide Water and Sewer & Heat and Air conditioning.
6. Provide electricity for lights and other electrical equipment necessary for operation of the Premises.
7. Furnish, install and replace during the term of this Lease and any extension thereof, light bulbs, fluorescent tubes, starters, ballasts or transformer.
8. Lessor is to provide all services, supplies and equipment required to clean and keep clean all areas of the building, sidewalks, parking areas, and grounds. This includes, but is not limited to, the plowing and removal of snow, ice removal and salting, removal of trash, and pest control.
9. Lessee shall retain the right to do background checks at any time and reserves the right to approve or disapprove permission to enter the Premises of any vendor, contractor or others.

10. Provide sufficient onsite parking, which is understood by the parties hereto to include 24/7 parking.
11. Provide snow and ice control and removal. Snow and ice will be removed from designated walking surfaces on Lessor controlled parking lots and sidewalks on building grounds within a reasonable time seven (7) days per week. These walk areas shall be maintained in a reasonably slip resistant condition and passable for people with disabilities (i.e. individuals who use walkers, canes, crutches, wheelchairs, etc.). Walking surfaces will be maintained snow and ice free during working hours. Particular attention shall be paid during on-going snowfalls, ice storms or when melting snow and ice re-freezes on walking surfaces. Parking lots shall be cleared within 24 hours of a 2-inch or greater snowfall (or sooner if weather permits).

In the event that the Lessor fails to remove the snow and ice from the leased facility in accordance with the terms of the paragraph above, the Lessee may cause the same to be done and deduct the cost of such snow and ice removal from the rent due the Lessor.

Lessee's removal of snow and ice shall not release Lessor of liability or obligation under the provisions of this lease or any law or regulation.

12. Provide the Premises with a fire alarm and detection system that complies with all State building codes.
13. In the event the Lessor does not furnish the aforementioned services and items in this Schedule or the demised Premises are un-tenantable for any other reason which is not due to the negligence of the Lessee, the Lessee may provide such services.

EXHIBIT A

CERTIFICATION FOR CONTRACTS, GRANTS, LOANS, AND COOPERATIVE AGREEMENTS

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The Contractor, \_\_\_\_\_, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. Chap. 38, Administrative Remedies for False Claims and Statements, apply to this certification and disclosure, if any.

Signature of Contractor's Authorized Official

---

Name and Title of Contractor's Authorized Official

---

Date

# Appendix Z – Communication Card

I am **DEAF** or  
**HARD OF HEARING.**

This card will help you communicate with me.

**I may have COVID-19.**

**Symptoms:**

  
Fever

  
Cough

  
Trouble Breathing

  
Muscle or Body Aches

  
Nausea or Vomiting

  
Diarrhea

  
Sore Throat

  
Headache

  
Fatigue

**Was near a person who has COVID-19?**



**How long sick? (number of days)**

**0 1 2 3 4 5 6 7 8 9 10+**

**I do not feel sick right now.**

**Tips to stay healthy:**

  
Wash hands with soap and water often.

  
Stay at least six feet away from other people.

  
Do not touch your face.

  
Stay at home if you can. Avoid large groups and public places.

I am **DEAF** or  
**HARD OF HEARING.**

This card will help you communicate with me.

**The best way(s) to communicate with me:**

  
Interpreter

  
Text

  
Writing

  
Lip Reading

  
Gestures

  
Assistive Listening Device

**When communicating with me, please:**

- Get my attention first.
- Make eye contact when you speak.
- Take time to make sure I understand. English may not be my first language.
- Repeat, rephrase, or write your request down if necessary.
- Be aware that a hearing aid or cochlear implant does **not** allow me to understand everything you say.

**For effective communication, I may need:**

- A Wisconsin-licensed sign language interpreter for the Deaf or video remote interpreter (VRI) service.
- A communication access realtime translation (CART) for captioning conversations.
- A video phone or computer with internet service, a captioned telephone, or a cell phone for texting.

**Disclaimer:**

This card does not waive the user's right to effective communication under the Americans with Disabilities Act (ADA).

For more information about COVID-19 in Wisconsin, visit:  
[www.dhs.wisconsin.gov/covid-19/](http://www.dhs.wisconsin.gov/covid-19/)





**WISCONSIN DEPARTMENT  
of HEALTH SERVICES**  
Division of Public Health | P-02629 (04/2020)